



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

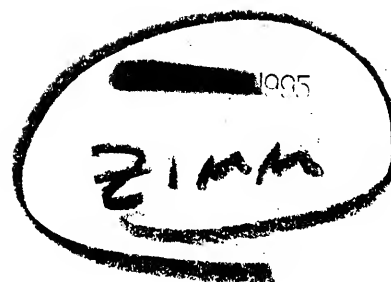
If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

*** *** ***



AUTO SAFETY HOTLINE
(800) 424-9393
Wash. D.C. Area 366-0123

SANIT.



DYNAMIC SCIENCE, INC.
In-Depth Accident Investigation

Contract DTNH22-94-D-27058
Case DSI-94-AB-023

 1995

TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.
CONTRACT NUMBER: DTNH22-94-D-27058
CASE NUMBER: Case DSI-94-AB-023

[REDACTED]

This case occurred on [REDACTED] 1994 at 1300 hours on a private, two-lane road in the county of [REDACTED] California. The weather was clear, and the curved, dirt/rock road was dry.

Vehicle 1, a 1994 Toyota Corolla driven by a 27-year-old female, was travelling northbound approaching a right-hand curve. Vehicle 1 was occupied by a second occupant, a 3 month old female who was lying in a Century rearward facing child safety seat, located in the right front seating position. Vehicle 2, a 1981 Chevrolet Malibu driven by a 19-year-old male, was travelling southbound in the oncoming traffic lane at an estimated minimum speed of 69 KPH (43 MPH), based on pre-impact impending and locked skids. Vehicle 2 was occupied by a second occupant, a 30-year-old female. As Vehicle 1 entered the curve the driver saw Vehicle 2 and began steering right and braking but was unable to stop in time. The left front of this vehicle struck the left front of Vehicle 2. Both air bags in Vehicle 1 deployed at this point. Vehicle 2 was forced in a clockwise direction and came to rest nearly parallel to Vehicle 1.

The driver of Vehicle 1 sustained a fractured left wrist; the driver and right front occupant of Vehicle 2 were not injured.

The right front occupant of Vehicle 1 sustained bilateral parietal skull fractures, bilateral temporal subdural hematomas, and contusions to the parietal and temporal lobes associated with the deployment of the passenger's side air bag. The child was lying on her back in the rearward-facing child safety seat. The child was asleep; a blanket was covering the carrying handle and the top of the child seat, blocking the sun. This child safety seat is detachable; that is, the base of the seat can be strapped in place while the other part of the child seat can be used as a child carrier with a handle. It appears that the base was properly restrained prior to the collision. There is some question about whether the harness system of the child safety seat was properly attached to the child seat itself. The harness system was passed through the slots in the back of the child seat, but the restraining clips may not have been properly adjusted. The right front bucket seat was in the middle to front middle adjustment position at the time of the collision.

Prior to impact the driver of Vehicle 1 steered right and braked, and the child seat leaned forward and slightly to the right. At impact, the passenger's side module cover and the air bag both struck the upper right edge of the child safety seat, abrading and cracking the plastic in this area. The child seat, it would appear at this juncture, was propelled rearward and to the left. This motion also put the child in motion in the same direction. Initially it was felt that the child struck the overhead child seat handle, but this does not seem to be the case. It appears that her injuries came about as a result of the blunt force to the rear portion of the child safety seat during deployment of the passenger's side air bag. The child was transported from the scene by ambulance and was hospitalized for three days. Later that day she was taken to the emergency room when she exhibited sleepiness, vomiting, and episodes of tonic contracture of the right hand. She was readmitted and the following day underwent surgery to place a right subdural to peritoneal shunt to reduce the subdural hygromas. She was admitted for an additional six days before being released.

Vehicle 1 was towed from the scene due to damage. Vehicle 2 was driven from the scene.

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

DYNAMIC SCIENCE, INC.
ACCIDENT INVESTIGATION
CASE NUMBER: DSI-94-AB-023

TABLE OF CONTENTS

Accident Data	1
Ambience	1
Roadway	2
Traffic Controls	2
Vehicles	3
Vehicle Damage and Velocity Estimates	4
Collision Sequence	5
Emergency Rescue Response	5
Occupant Kinematics	5
Supplemental Restraint System	6
Child Safety Seat	8
Safety Standards	18
Occupant Data	19
Injuries	21
List of Abbreviations	24
Accident Schematic	25
Collision Measurement Table	26
Color Copy Photo Index and Photos	27
Photo/Slide Index and Photos	35
Appendices:	
A. NASS Field Forms	
B. Police Accident Report	
C. Medical Report for R/F Occupant of Vehicle 1	

ACCIDENT DATA:

Location: [REDACTED] County, California
Area/Type: Rural
Date/Time: Fall / weekday / afternoon
Accident Type: Car/Car / Head-on

Injury Severity:

Vehicle 1: - Driver, AIS-2
R/F Occupant, AIS-5

Vehicle 2: Driver and R/F occupant, No reported injuries.

AMBIENCE:

Viewing Conditions: Viewing was restricted by the curves in the roadway.
Cloud Cover: None.
Precipitation: Clear/dry
Temperature: 9 to 23° C (48 to 74° F)
Road Surface: Dry Dirt/rock. maintained by property owner.

ROADWAY:

	VEHICLE 1	VEHICLE 2
Type:	Two-lane, undivided	Two-lane, undivided
Width:	4.87 M (16-17 ft.)	5.2 M (16-17 ft.)
Traffic Density:	Light	Light
Median:	None	None
Edge:	Dirt and brush bordering main travelled portion of the roadway.	Dirt and brush bordering main travelled portion of the roadway.
Surface:	Dirt/rock	Dirt/rock
Reported Defects:	None	None
Co-efficient of Friction (est.):	0.55, per police estimate	0.55, per police estimate
Vertical Alignment:	+3%	-6%
Horizontal Alignment:	Curve right	Curve left

Traffic Controls:

	VEHICLE 1	VEHICLE 2
Signals:	None	None
Signs:	None	None
Speed Limit:	NA - Private property	NA - Private property
Markings:	None	None

VEHICLES:

	VEHICLE 1	VEHICLE 2
Description:	1994 Toyota Corolla, 4-door sedan	1981 Chevrolet Malibu, 4-door sedan
Odometer:	17,429 kilometers (10,830 miles)	Unknown - not inspected
Engine:	4 cylinder	Unknown
Vehicle Modifications:	None	None
Tire Condition:	Excellent	Unknown - not inspected
Manual Restraints:	Lap and shoulder restraint, front seating position	Unknown - not inspected
Automatic Restraints:	Supplemental Restraint Systems (driver's and passenger's side air bags)	None
Reported Defects:	None	None
Cargo:	Unknown	Unknown
Windshield Damage:	None	Unknown - not inspected
Fleet:	None	None
Tow Status:	Towed due to damage	Driven from scene

VEHICLE DAMAGE:

	VEHICLE 1	VEHICLE 2
Object Struck:	Vehicle 2	Vehicle 1
Event Number:	01	01
CDC:	12FLEE3	12FLEE6 (photographs)
Maximum Crush:	3.0 cm (1.1 in.) at bumper, contact damage down the left side of vehicle - Zone 3	N/A - CDC Only

VEHICLE VELOCITY ESTIMATES:

	VEHICLE 1	VEHICLE 2
Impact Speed: (estimated)	16 - 24 KPH (10-15 MPH)	Pre-crash minimum travel speed: 69 KPH (43 MPH)
Total Delta V:	Not computed, the collision condition was beyond the scope of CRASH III PC	Not computed, the collision condition was beyond the scope of the CRASH III PC
Longitudinal Delta V:		
Lateral Delta V:		
Energy Dissipation:		

Calculations for Vehicle 2 pre-crash minimum travel speed based upon police generated field information using the following formula:

$$S = 5.5 \sqrt{d * f * b}$$

where d = distance, f = coefficient of friction, b = braking, S = speed(MPH)

$$S = 5.5 \sqrt{110)(.55)(1.00)}$$

$$S = 42.78$$

$$S = 43 \text{ MPH}$$

COLLISION SEQUENCE:

Pre-Crash: Vehicle 1, a 1994 Toyota Corolla driven by a 27 year old female, was travelling northbound approaching a right-hand curve. Vehicle 1 was occupied by a second occupant, a 3 month old female who was lying in a Century rearward facing child safety seat, located in the right front seating position. Vehicle 2, a 1981 Chevrolet Malibu driven by a 19-year-old male, was travelling southbound in the oncoming traffic lane at an estimated minimum speed of 69 KPH (43 MPH), based on pre-impact impending and locked skids. Vehicle 2 was occupied by a second occupant, a 30-year-old female.

-

Crash: As Vehicle 1 entered the curve the driver saw Vehicle 2 and began steering right and braking but was unable to stop in time. The left front of Vehicle 1 struck the left front of Vehicle 2. Vehicle 1 reveals an impact (longitudinal force) on the left front tire/wheel area. This impact deflated the tire, placed a deformation of approximately 8.0 to 10.0 cm (3.0 to 4.0 in) on the rim and reduced the wheelbase by approximately 14.0 cm (5.5 in). The estimated impact speed could have been in the range of 40 to 48 KPH (25 to 30 MPH). This impact to Vehicle 1 was of sufficient magnitude to deploy both air bags.

Post Crash: Final Rest. Both vehicles came to rest on the roadway. Vehicle 1 was located on its wheels facing NW in the Northbound portion of the road. Vehicle 2 was located on its wheels facing SW in the curve partially blocking both sides of the road.

Rescue Activities. An ambulance and a fire unit responded to the scene. The right front passenger of Vehicle 1 was transported from the scene to a local hospital. The driver of Vehicle 1 (the mother of the right front passenger) accompanied the child to the hospital.

Scene Clearance. Vehicle 1 was towed from the scene due to damage to a local tow yard and was subsequently towed to the owner's residence. Vehicle 2 was driven from the scene.

**Occupant
Kinematics:**

The left front occupant of Vehicle 1 was in a forward upright driving position prior to impact and was wearing the available 3-point manual lap and shoulder belt system. At impact she went forward and engaged the driver's side airbag. Her left hand possibly came in contact with the air bag module cover as she was attempting to steer the vehicle to the right to avoid Vehicle 2 and she

fractured her left wrist. The driver was treated at the scene and subsequently transported to a local hospital where she was treated and released.

The right front occupant of Vehicle 1 was lying on her back in a Century 580 series rearward-facing child safety seat. The child was asleep; a blanket was covering the carrying handle and the top of the seat, blocking the sun. This seat is detachable; that is, the base of the seat can be strapped in place while the other part of the seat can be used as a child carrier with a handle. When the handle is in the up position the seat is held in place with a single lock. The proper position for the handle is in the down position which secures the seat using a double lock. It appears that the latch portion of the seat was connected in the single lock position, because the child seat handle was not in the down position to double lock the seat to the base. However, it appears that the base was properly restrained prior to the collision. There was some question about whether the harness system of the child safety seat was properly attached to the child seat itself. The two belts were passed through the slots in the back of the child seat, but the restraining clips were not properly adjusted. A post-collision inspection by police officers indicated that "the restraint belts were not anchored through the back of the seat. They only went through the comforter, which was lining the seat." The right front bucket seat was in the middle to forward middle adjustment position. This position, combined with the length of the child seat, put the forward facing lip of the child seat somewhere between 8-13 cm (3-5 in.) distant from the pre-deployment position of the air bag module cover.

Prior to impact the driver braked and the child safety seat leaned forward and slightly to the right. At impact, the module cover and the air bag both struck the upper right edge of the car seat, abrading and cracking the plastic in this area. The child safety seat, it would appear at this juncture, was propelled rearward and to the left. This motion also put the child in motion in the same direction. Initially it was felt that the child struck the overhead child seat handle, but this does not seem to be the case. It appears that her injuries came about as a result of the blunt force to the rear portion of the child safety seat during deployment of the passenger's side air bag. The child was transported from the scene by ambulance and was hospitalized for three days. Later that day she was taken to the emergency room when she exhibited sleepiness, vomiting, and episodes of tonic contracture of the right hand. She was readmitted and the following day underwent surgery to place a right subdural to peritoneal shunt to reduce the subdural hygromas. She was admitted for an additional six days before being released.

Supplemental Restraint System:

The 1994 Toyota Corolla was equipped with a supplemental restraint system for both the driver and right front occupant position that deployed as a result of the vehicle's frontal impact with the front of a 1981 Chevrolet Malibu.

The driver's side air bag module cover opened along the designed tear points.

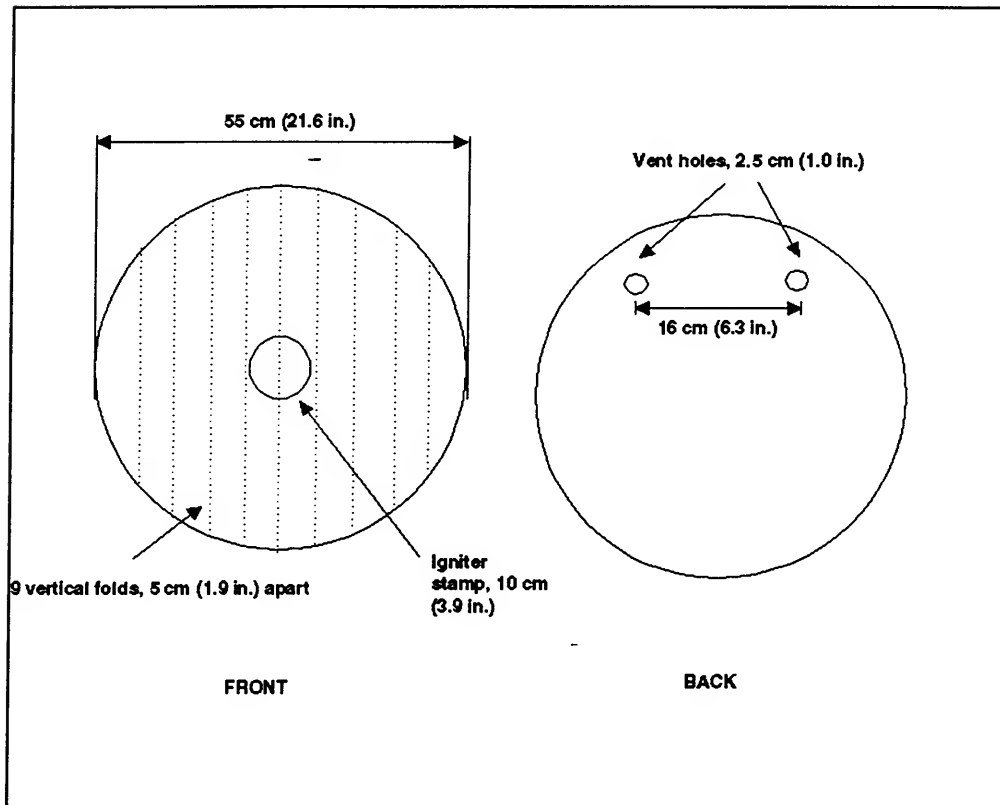


Figure 1. Driver's Side Airbag

The passenger side air bag module cover opened along the designed tear points. The cover contacted the forwardmost portion of the child safety seat in this seat position. The flap surface was abraded from this contact and cover itself was deformed, primarily on the right side. The airbag itself sustained a vertical, linear scratch in its surface. The scratch was 14.0 cm (5.5 in.) in length, 6.0 cm (2.4 in.) to the left of the right-hand seam on the top and 9.0 cm (3.5 in.) to the left of the right-hand seam on the bottom.

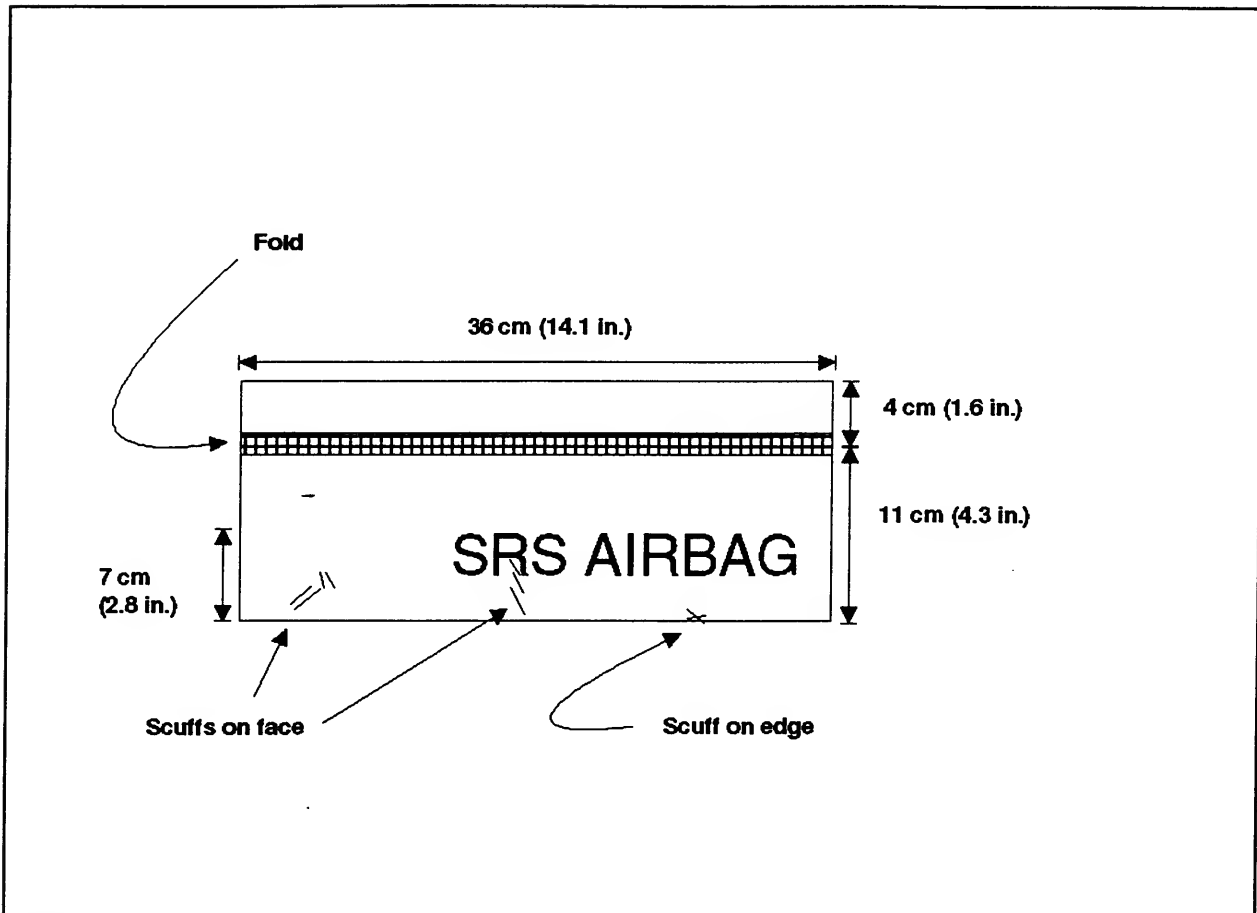


Figure 2. Passenger Airbag Module Cover

Child Safety Seat: The right front occupant was using a Century 580 Series infant child seat. This seat/carrier is equipped with a stay-in-car base. It uses a 3-point harness system with a push-button buckle. There are two shoulder harness positions. The base was held in place by the right front 3-point manual lap and shoulder belt. The seat was given as a present to the involved family. No written instructions were provided. The seat had not been involved in any other collisions. At the time of the collision, the child was using the child seat's 3-point harness. According to interview information the shoulder straps had been passed through the seat back and secured on each side with a metal buckle. A post-crash inspection of the seat revealed that the shoulder straps were found on the inside portion of the carrier between the padding and the seat back itself. No physical evidence (scratches, scoring, etc.) was found during the inspection of the pass-through holes but given the ease with which the buckled straps can be pulled through the opening it appears likely that the buckles were indeed pulled through the opening during the rearward motion of the child.

The seat/carrier was damaged as a result of contact with the air bag and air bag module cover. The upper right corner was cracked and there were abrasions along the back edge. The clip on the left rear side (which can be used to attach the carrier to a shopping cart) was broken off. There was a longitudinal crack in the base of the seat portion of the child safety seat. There were loading marks on the squared cutouts which secured the carrier to the base.

The carrier portion of the child seat can be placed into the base in one of two ways. The proper method is described in the printed instructions on the seat: "TO SECURE CARRIER TO BASE: SET CARRIER INTO BASE, PUSH RED BUTTONS IN AND MOVE HANDLE BACK." The carrier can also be secured by simply placing the carrier into the base and pressing it into position. The squared cutouts in the carrier will slide over the slanted locking bolt until the bolt passes into the cutout. The seat is locked at this point.

The carrier portion of the child safety seat can only be removed in one way, as described in the printed instructions on the seat: "TO REMOVE CARRIER FROM BASE: PUSH RED BUTTONS IN AND MOVE HANDLE UP, LIFT CARRIER OUT OF BASE." The removal mechanism is fairly straightforward: as the handle is rotated a cam at the base of the handle forces the round red button attached to the locking bolt laterally which, in turn, draws the locking bolt outward away from the squared cutouts until the seat is released.

Information regarding how to fasten the seat to the base can be found on page 5 of the instructions for installation and usage brochure that accompanies new seats, as described in 12 through 14:

The driver stated that the carrier came away from the base (at least on one side) but this seems unlikely. There was obvious evidence that the seat/carrier had been single locked to the

base. There was no indication that either portion of the lock had failed. The seat was found by the investigating officers in the center console area. A more likely scenario would be that the seat was removed post-collision by the driver so that she could more closely observe the injured child.

-
12. Reposition handle to its carrying position (Fig. 11). MAKE SURE BOTH SIDES CLICK INTO POSITION.
 13. Set Round Handle Hubs into curved recesses of Base (Fig. 11) until both sides click into position.
 14. To Lock Seat to Base:
 - a. Push in Red Buttons on each Hub.
 - b. Rotate Handle BACKWARD until it locks just behind SEAT (Fig. 12). (This activates a "Double Lock" which secures the seat to the base.)
 - c. PULL UP on both Handle Hubs to be sure they are LOCKED.
-

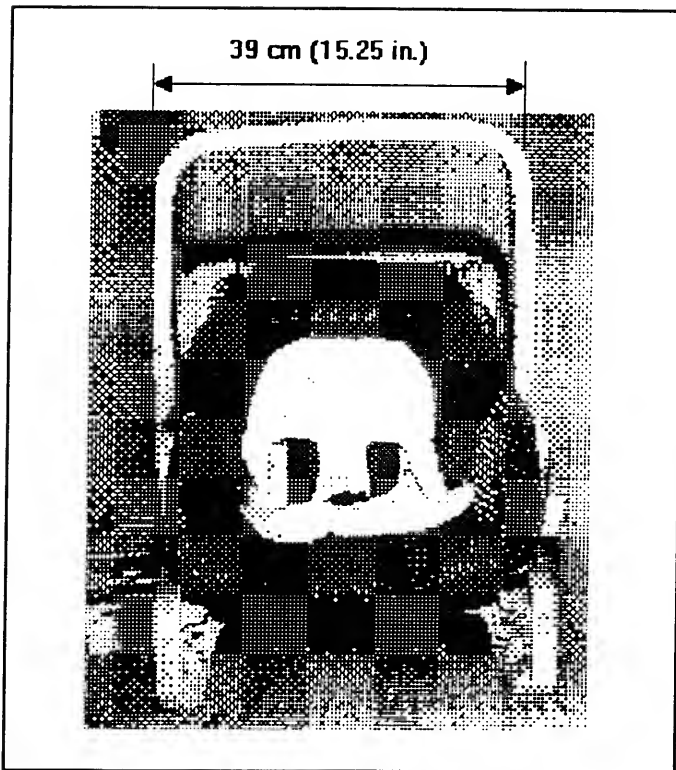


Figure 3. Front view of Child Seat

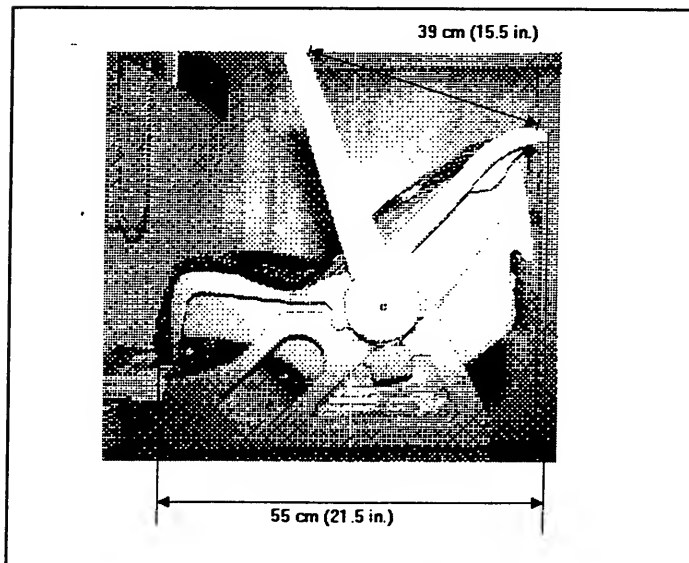


Figure 4. Side View of Child Seat

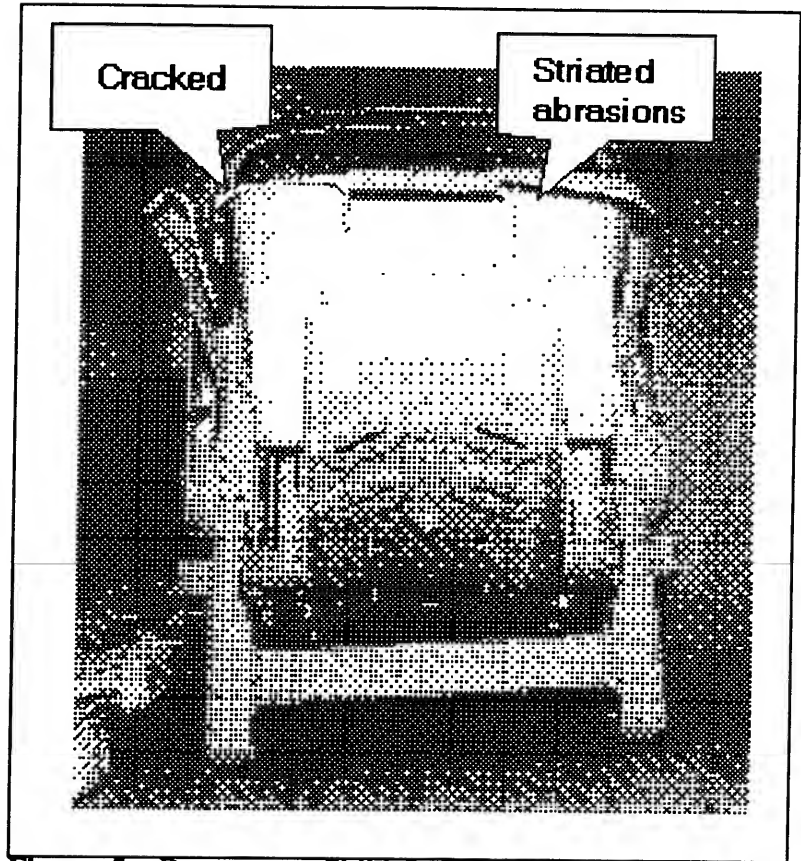
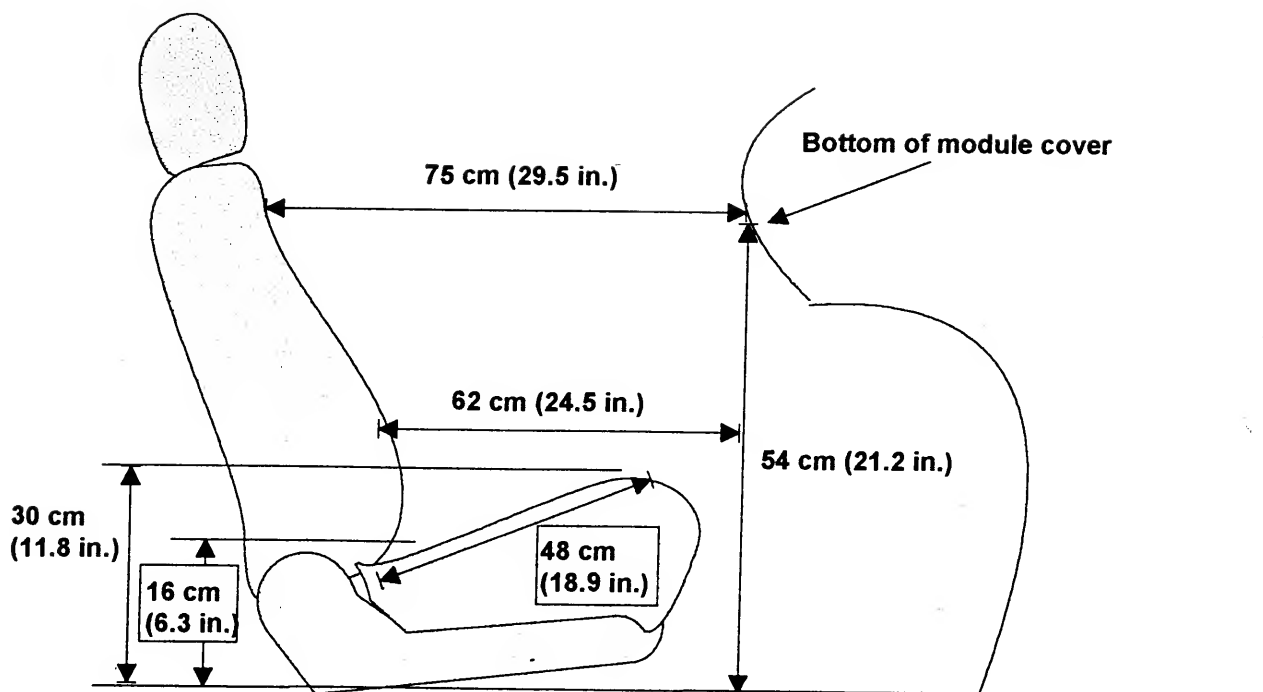
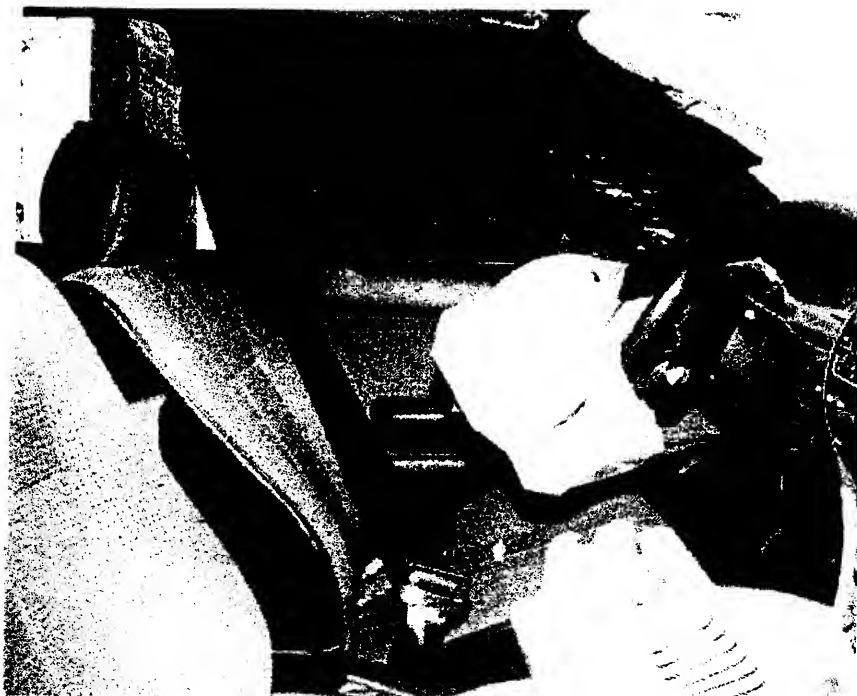


Figure 5. Damage on Child Seat



CAUTION!

The rear center seat belts of certain model cars may not enable the snuggest installation of child car seats. As a result the car seat base may slip or slide in the center rear seat.

Before you use the Century 580 Car Seat, check for proper fit in your car.

Please follow the steps listed below:

1. Install the base in the rear center seating location according to the Instructions (Fig. 20).
2. Once the seat is secured, twist and push the car seat toward both sides of the car.
3. If the Auto Lap Belt slips through the Latch Plate, go to the next step. If it does not, you do not have a problem.
4. Disconnect (unbuckle) the Latch Plate from the Buckle.
5. Readjust (tighten) the Belt in order to secure the base again.
6. Before buckling this time, turn the Latch Plate over (or rotate it 180 degrees, thereby putting one twist in the webbing) and then buckle (Fig. 21).
7. Test to see if this "fix" solves the problem by again twisting and pulling on the base as you did before.
8. If the problem remains, then the base should be moved to another seating location in the car.

FIG. 20

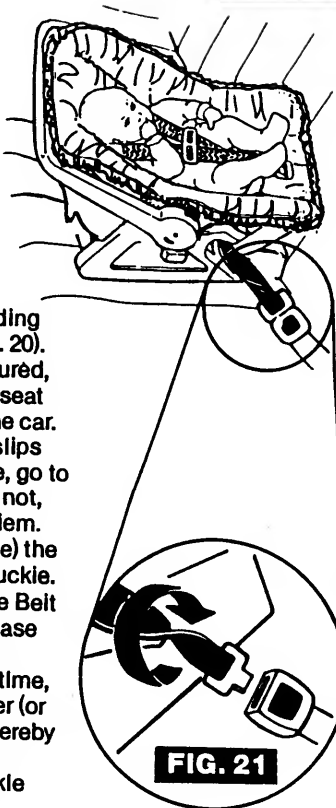
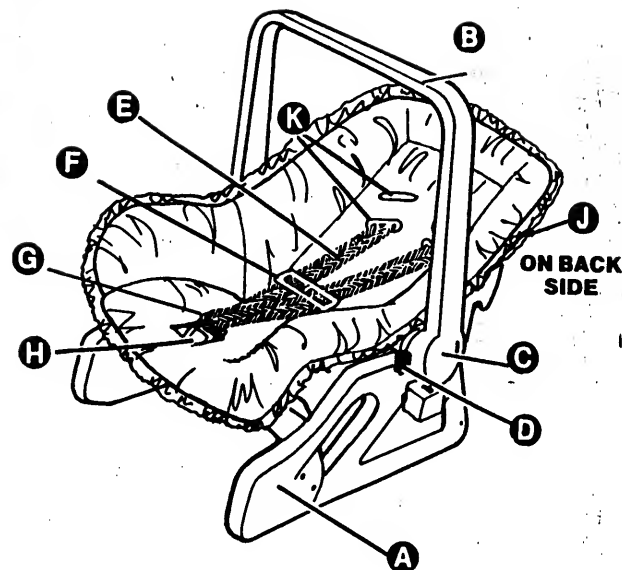


FIG. 21



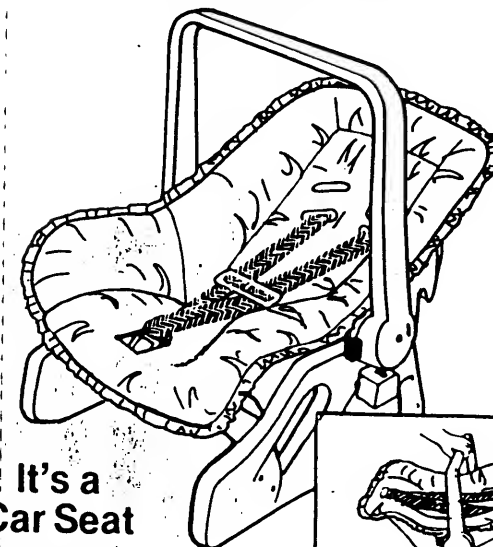
580 INFANT CAR SEAT IDENTIFICATION

- (A) Base
- (B) Handle
- (C) Handle Hub
- (D) Locking Buttons (Red)
- (E) Shoulder Strap
- (F) Harness Tie
- (G) Buckle
- (H) Buckle Tongue
- (J) Metal Strap Slides
- (K) Infant Shoulder Strap Slots

INSTRUCTIONS for Installation and Usage

DEDICATED TO QUALITY

580 INFANT CAR SEAT DESIGNER SERIES



It's a
Car Seat
and

It's a Carrier!

IMPORTANT:
Please read and **SAVE** these
instructions.

WARNING:
Failure to follow each of the following
instructions can result in your child
striking the vehicle's interior during a
sudden stop or crash. Secure this child
restraint with a vehicle belt as specified
in this instruction booklet.

NEVER LEAVE CHILD UNATTENDED

ATTENTION: Consumer Service Department

580 CAR SEAT MODELS 4582, 4586 AND 4588

NOTE: Please Allow Approximately 4 Weeks For Delivery.

DESCRIPTION	COLOR	PART NO.	QTY.	PRICE	TOTAL
Fabric Pad, Poly/Cotton	-	CS-44		\$24.95	
Base Assembly	Gray	CS-462-GY		19.95	
Base Assembly	White	CS-462-WH		19.95	
Shoulder Strap	Navy	CS-94-NA		1.00	
Shoulder Strap	Gray	CS-94-GY		1.00	
Strap Slide (1)	Chrome	CS-77		.50	
Harness Tie	Gray	CS-80-GY		1.00	
Locking Clip		CS-39		1.75	
Headrest Foam		CS-15		2.95	
Buckle (See Below)	Gray	CS-98-GY		7.25	
Buckle (See Below)	Black	CS-98-BK		7.25	
Vinyl Pad		CS-84		8.95	
Buttons, Push-In (14)		CS-8		.75	
Instruction Sheet		PL-4586		FREE	
Amount of Order					
* Please Indicate color & pattern of pad.					
NOTE: If requested color is not available, a similar color will be substituted.					
Sales Tax (see Chart)					
Shipping & Handling					2.50
TOTAL					

* Please Indicate color & pattern of pad.
NOTE: If requested color is not available, a similar color will be substituted.

* ARKANSAS Residents Add 5% Sales Tax
CALIFORNIA Residents Add 6.5% Sales Tax
OHIO Residents add 5.5% Sales Tax

SHIP TO:

Customer Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone No. _____

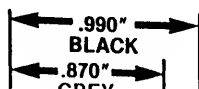
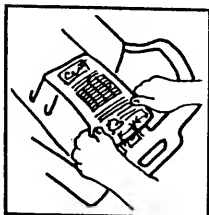
Child(s) Birthdate(s) _____

Check enclosed in the amount of \$ _____

WE MUST HAVE BELOW INFORMATION TO PROCESS YOUR ORDER:
See Label on Side of Car Seat Base For:

Model # _____ MFR./Lot # _____

CAUTION: Black & Gray Buckles are NOT interchangeable. Please check color of existing buckle before ordering a replacement. If existing Buckle is unavailable, use the chart below to determine which Buckle to order. Line up the bottom edge of this sheet with the tongue on your 580 Car Seat to determine which set of marks the tongue lines up with.

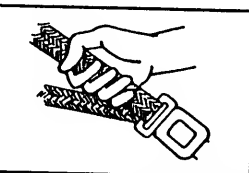
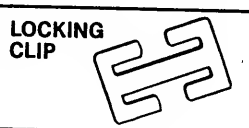


INTRODUCTION

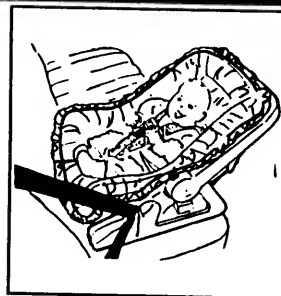
1. Designed for children from birth to 6 months (18 lbs.).
2. Crash Tested and conforms to current NHTSA Safety Standards (FMVSS 213). Approved for motor vehicles and aircraft.
3. Read and SAVE this Instruction Booklet for future reference.
4. Carefully Install this seat to insure maximum protection to your child.

DO'S AND DON'TS AND GENERAL INFORMATION

IMPORTANT: AUTO LAP BELTS MUST BE THREADED AS SHOWN AND SECURELY TIGHTENED FOR PROPER RESTRAINT.



ON CAR SEATS EQUIPPED WITH CLOTH PADS, REMOVE PAD AND MACHINE WASH ON GENTLE CYCLE. MACHINE COOL AIR DRY.



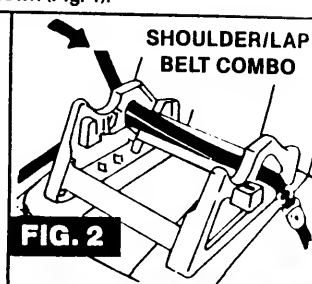
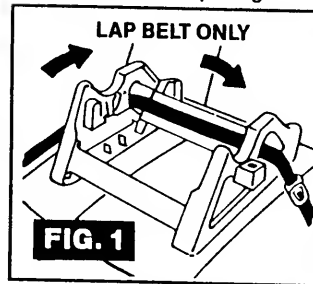
1. Do use only on automobile seats which face **FORWARD** and have **SEATBELTS**.
2. **DON'T** use on vans where seats face sideways or wagons where seats face backwards.
3. The center rear seat is normally the safest location for your car seat. We suggest an adult sit next to your child when sitting rear facing in this rear-center location.
4. Do secure the Century 580 car seat to your automobile by using your Auto Lap Belts as shown on pages 3 and 4 and frequently check to be sure your car seat is firmly anchored even when unoccupied.
5. Do use the **LOCKING CLIP** for seat installations where conditions exist as on page 6.
6. **DON'T** use this seat in autos with "Passive Restraints." (A Passive Restraint is one in which the auto lap belt automatically surrounds the driver's or passenger's waist when the car door is closed.)
7. Do frequently check Shoulder Straps and Metal Strap Slides for tightness and correct threading.
8. Do use your car seat on every trip. **THE SHORT TRIPS are the most dangerous!**
9. Do clean your Century 580 car seat with mild soap and a damp cloth. Dry thoroughly. Never use solvents. Do not submerge vinyl pads.
10. Your car seat should be replaced if it has been in an accident, even if it appears to be undamaged.

INSTALLATION

TO BE USED REAR FACING ONLY!

This seat is designed for Infants weighing 18 lbs. or less and who are under 27 inches tall. It should be installed **REARWARD FACING ONLY!!**

1. Position Base on auto seat and thread auto Lap Belts through side openings as shown (Fig. 1).



2. NOTE: If Lap Belt and Shoulder Belt are interconnected as in most auto seats, thread both belts through the Base (Fig. 2). Use the Locking Clip, if required, as shown in Fig. 2A and on Page 6. For Seats which are severely sloped, level your Car Seat Base by placing a folded or rolled towel beneath the rear of the Base. **Don't** allow base to be tilted forward beyond horizontal (Fig. 2B).



PLACING INFANT INTO THE SEAT

3. Unthread Harness Tie from child's left Shoulder Strap (Fig. 3).
4. Push in Red Release Button to unbuckle Shoulder Straps (Fig. 4).



CAUTION: Metal parts exposed to sunlight become hot and can burn your child! Cover with a towel when continuously exposed to sunlight.

5. To prevent seat from rotating or rocking, position handle to its lowest **LOCKED** position (Fig. 5).
6. Place child into seat as shown (Fig. 5, 6).
7. Fasten Shoulder Straps to Buckle Tongue (Fig. 6) and rethread Harness Tie (Fig. 9).



WARNING: Periodically inspect the Buckle Tongue for excessive wear and to ensure the Tongue has not become bent.

8. **DO NOT** place child into Car Seat if wrapped in a blanket or a comforter, or if dressed in an outfit without leg holes. For maximum child retention, **the Shoulder Straps must pass over the shoulders and between the legs** directly to the Buckle Tongue as shown in Fig. 6



9. To adjust Shoulder Straps so that they fit **SNUGLY** across child's chest, adjust metal Strap Slides in back of Seat (Fig. 7 & 8). For very small infants use the **Lower Back Slots**. Move to the **Upper Slots** when the child's shoulders grow above the lower slots. (Rethread one strap at a time so that the other strap can be used as a guide.)

FIG. 7

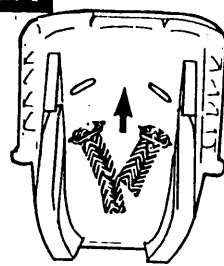
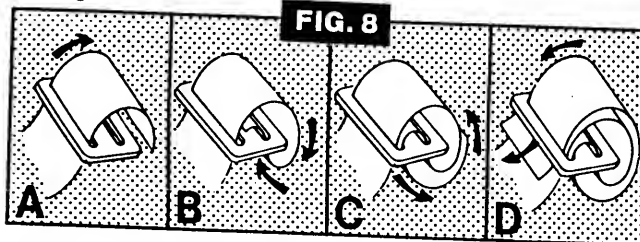


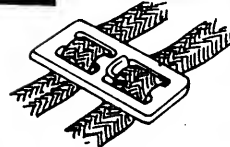
FIG. 8



10. Be sure metal Strap Slides are rethreaded as shown in Fig. 8 to prevent possible slippage.

11. Rethread plastic Harness Tie as shown in (Fig. 9) to prevent Straps from sliding off child's shoulders. Position Harness Tie to center of child's chest.

FIG. 9



Harness Tie Usage

Purpose: The plastic Harness Tie is Important in keeping the shoulder belts properly positioned on the child's shoulders (Fig. A).

Unthread open side of plastic Harness Tie (Fig. B).

Place child into car seat.

After securing child into car seat according to Instructions, rethread Shoulder Strap through open side of Harness Tie (Fig. C).

Fig. A

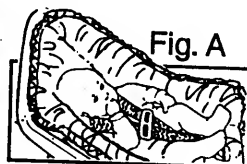


Fig. B

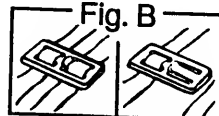


Fig. C



IMPORTANT: Car seat straps must be properly threaded to ensure child's maximum safety during a sudden stop or accident. Check them frequently.

12. Reposition handle to its carrying position (Fig. 11). **MAKE SURE BOTH SIDES CLICK INTO POSITION.**

13. Set Round Handle Hubs into curved recesses of Base (Fig. 11) until both sides click into position.

14. To Lock Seat to Base:
a. Push In Red Buttons on each Hub.
b. Rotate Handle **BACKWARDS** until it locks just behind SEAT (Fig. 12). (This activates a "Double Lock" which secures the seat to the base.)
c. **PULL UP** on both Handle Hubs to be sure they are **LOCKED**.

NOTE: This Base is designed to accommodate only the Century 580 Car Seat. Any other carrier will be **UNSAFE**.

REMOVING SEAT FROM BASE

15. Push in both Red Buttons and rotate handle forward until it is in the carrying position. (Fig. 13). Make sure both sides click into position.

16. Lift Seat out of Base.

NOTE: Once the Seat is positioned on the Base, the Handle must be "Double Locked" and then "Unlocked" before the Seat can be removed from the base.



FIG. 11

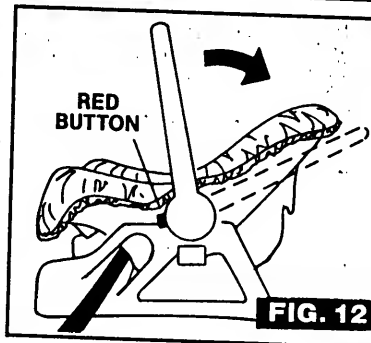


FIG. 12

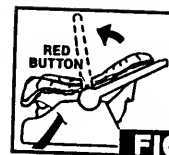
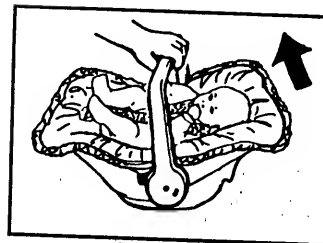
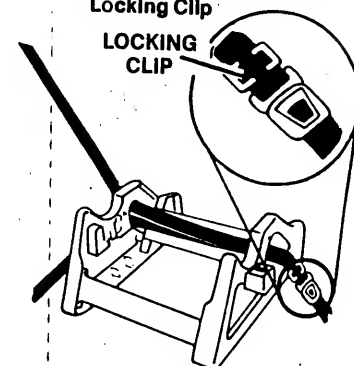


FIG. 13

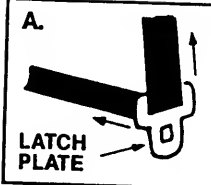


No child restraint can guarantee protection from injury in every possible situation. But, proper use of a restraint system may reduce a child's risk of injury or death.

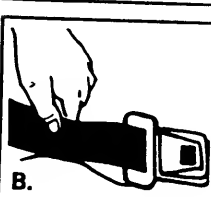
Check here to see if you need to use a Locking Clip



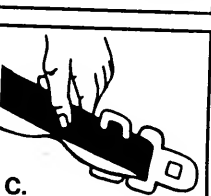
A.



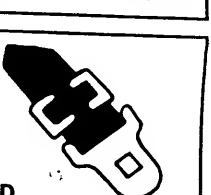
B.



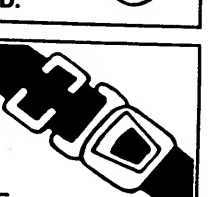
C.



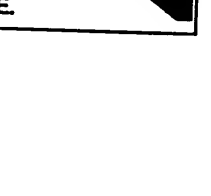
D.



E.



F.



- Where Used?** In seats of cars with shoulder-lap belt combination where the male Latch Plate slides freely (Fig. A).
- Purpose:** To allow the car seat to be installed securely by eliminating belt slippage through the Latch Plate.
- Installation**
 - Install Car Seat according to Instructions.
 - With Latch Plate snapped into Buckle, pinch together the Shoulder Belt portion to the Lap Belt portion. While still pinched, disconnect the Latch Plate from Buckle (Fig. B).
 - Thread Webbing (still pinched) into Locking Clip, one side at a time (Fig. C).
 - Snug Locking Clip as close to Latch Plate as possible (Fig. D).
 - Snap Latch Plate into Buckle. Be sure all slack is out of Lap Belt (Fig. E).
- Remove Locking Clip** when Car Seat is permanently removed from the automobile.
- Once properly installed, this adjustment is designed to be retained until Locking Clip is removed or vehicle seat is repositioned.

CAUTION: To help lessen the chance or severity of injury in an accident, the locking clip must be removed from the seat belt webbing when the seat belt is to be used by another occupant.

SHOPPING CART FEATURE

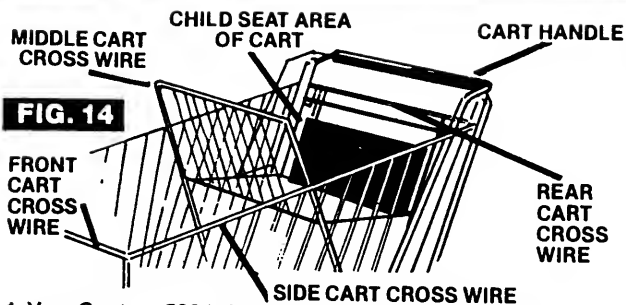


FIG. 14

1. Your Century 580 Infant Car Seat/Carrier is designed to fit on most shopping carts. **IT WILL NOT FIT ON ALL SHOPPING CARTS.**

WARNING: If the Infant Car Seat/Carrier does not lock onto the cart (two rear tabs locked onto a cart cross wire), DO NOT use on that shopping cart.

2. DEEP BASKET CART WITH CHILD SEAT AREA

CAUTION: DO NOT use the 580 on a deep basket cart which does not have a child seat area in the cart.

Gently lower 580 (rear facing) into child seat area of cart and position rear tabs to fit over middle cart cross wire (Fig. 15). Press down firmly on seat back to lock the two rear tabs onto middle cart cross wire (Fig. 16). The front of the rocker base will rest on the cart handle or the rear cart cross wire.

WARNING: Lift up on 580 seat back to ensure BOTH tabs are locked onto the middle cart cross wire.

CAUTION: If both tabs DO NOT LOCK onto cross wire, DO NOT use on that shopping cart.

FIG. 16

3. SHALLOW BASKET CART

Gently set 580 into large basket area of cart and position rear tabs to fit over front cart cross wire. Press down firmly on seat back to lock the two rear tabs onto the cart cross wire (Fig. 17).

WARNING: Lift up on 580 seat back to ensure BOTH tabs are locked onto the cart cross wire.

CAUTION: If both tabs DO NOT LOCK onto cross wire, DO NOT use on that shopping cart.

FIG. 17

4. TO REMOVE 580 FROM SHOPPING CART

Simultaneously press in two rear tabs and lift up back of car seat/carrier to disengage lock from shopping cart cross wire (Fig. 18).

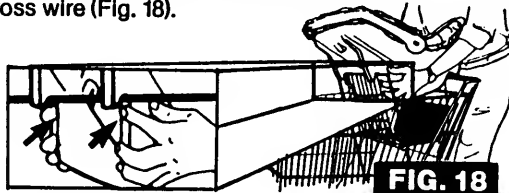


FIG. 18

CAUTION: Use extra care when using the 580 in a shopping cart. Irregular floor, sidewalk and road surfaces, inclement weather, and traffic are all potential hazards.

BUCKLE UP! Always use the Shoulder Straps, Buckle, and Harness Tie whenever your child is in the Century 580 Infant Car Seat/Carrier.

CARRIER USE

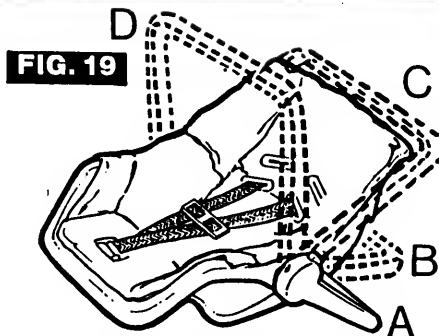
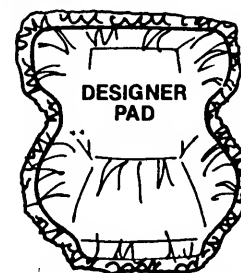


FIG. 19

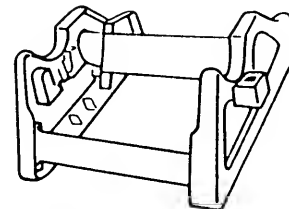
1. To change positions of HANDLE, press HANDLE BUTTONS simultaneously and with both hands rotate HANDLE to desired position: A. FEEDING/PLAYING, B. NAPPING, C. STORAGE, D. CARRYING (Fig. 19).
2. To lock 580 Infant Car Seat/Carrier into a non-rocking position, reposition the HANDLE into position "A" as shown in Fig. 19.
3. **WARNING:** While using on a table or counter top, ALWAYS keep the 580 Infant Car Seat/Carrier at least 12" from any table or counter edge and STAY WITHIN REACH OF YOUR CHILD. Child's wiggling and rocking may cause the carrier to move and possibly fall off the table or counter.

REPLACEMENT PARTS

NOTE: When ordering a Vinyl Pad, be sure to order "Push-In Buttons" as well.



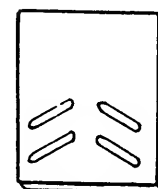
DESIGNER PAD, FABRIC CS-44



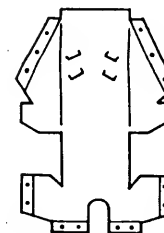
BASE ASSEMBLY CS-462



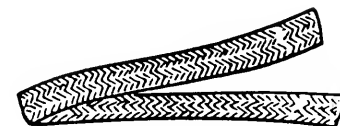
BUCKLE CS-98



HEADREST FOAM CS-15



VINYL PAD CS-84



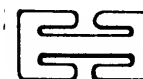
SHOULDER STRAP CS-94



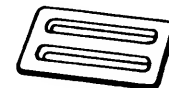
PUSH-IN BUTTON CS-8



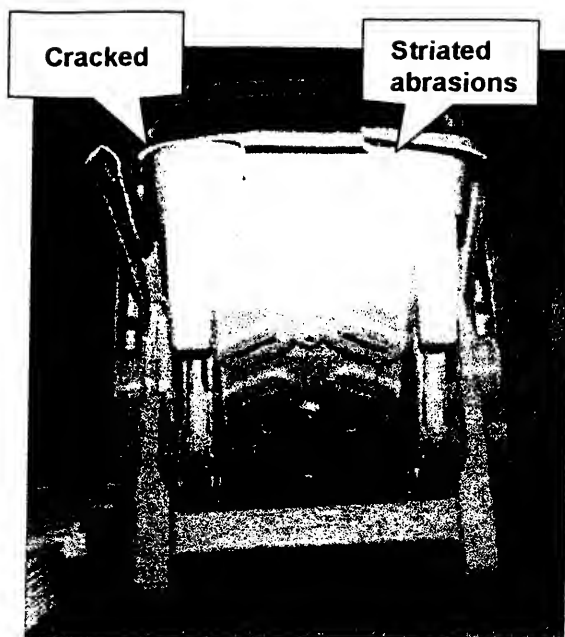
PLASTIC HARNESS TIE CS-80-GY



LOCKING CLIP CS-39



METAL STRAP SLIDES CS-77



Safety Standards: There were no violations of Federal Motor Vehicle Safety Standards and Regulations found during the inspection of the case vehicle.

In a US DOT news release dated [REDACTED] 1994, the Secretary announced a requirement that new rear-facing child safety seats be labeled by the manufacturers with a clearly visible warning against using them in seating positions equipped with an air bag. An amendment to Federal Motor Vehicle Safety Standard No. [REDACTED], "Child Restraint Systems," also requires the safety seat manufacturers to give purchasers safety information on using the seats in vehicles with air bags.

The placement of child safety seats is addressed on page 40 of the 1994 Toyota Corolla's Owner's Manual as shown below.

(D) INSTALLATION ON FRONT SEAT

--Vehicles with front passenger airbag

CAUTION:

Do not use a rear-facing child restraint system in the front seat because the force of the rapid inflation of the passenger airbag may cause severe injury to the child. When using a forward-facing child restraint system, move the seat as far back as possible.

DRIVER AND OTHER OCCUPANTS:**VEHICLE 1**

	DRIVER	OCCUPANT 2
Age/Sex:	26/Female	3 months/Female
Seated Position:	Left front	Right front
Seat Type:	Bucket	Bucket
Height:	163 cm (64 in.)	51 cm (20 in.)
Weight:	59 kg (130 lbs.)	6 kg (13 lbs.)
Occupation:	Unknown	None
Pre-existing Medical Condition:	Unknown	None
Alcohol/Drug Involvement:	None	None
Driving Experience:	Unknown	NA
Body Posture:	Upright position	Lying down in a child safety seat
Hand Position:	Probably on the steering wheel, it was indicate that she was attempting to turn the vehicle to the right	In child safety seat
Foot Position:	Left foot on floor and right foot on brake	In child safety seat
Restraint Usage:	Available manual 3-point lap and shoulder belt and the supplemental restraint system (driver's side air bag) used	Available manual 3-point lap and shoulder belt used properly to secure rearward facing child safety seat, child safety seat and the supplemental restraint system (right front passenger's side air bag) used

DRIVER AND OTHER OCCUPANTS (con't):

VEHICLE 2

	DRIVER	RIGHT FRONT
Age/Sex:	19/Male	30/Female
Seated Position:	Left front	Right front
Seat Type:	Unknown	Unknown
Height: -	188 cm (74 in.)	Unknown
Weight:	77 kg (170 lbs.)	Unknown
Occupation:	Unknown	Unknown
Pre-existing Medical Condition:	Unknown	Unknown
Alcohol Involvement:	None	None
Driving Experience:	Unknown	NA
Body Posture:	Upright position	Asleep, per PAR
Hand Position:	Unknown	NA
Foot Position:	Unknown -	Unknown
Restraint Usage:	Lap and shoulder used, per PAR	Lap and shoulder used, per PAR
Additional Occupants:	None	

INJURIES:**Vehicle 1**

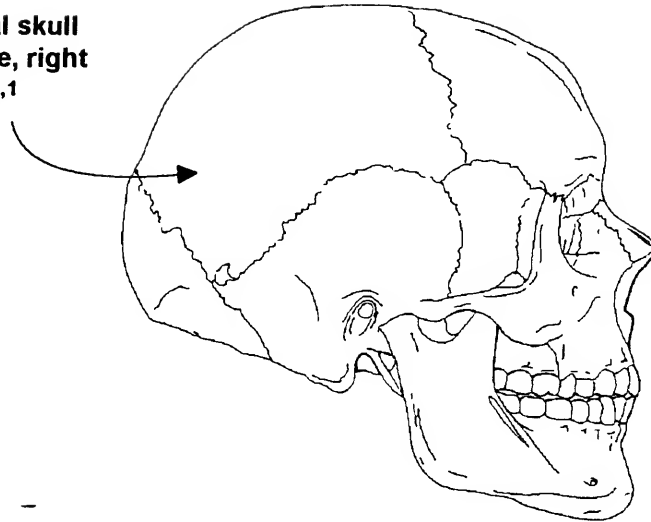
	<u>INJURY</u>	<u>OIC CODE</u>	<u>ICD-9</u>	<u>SOURCE</u>
DRIVER:	Fracture, left wrist	752002.2,2	814.0	Driver's air bag module cover
R/F OCCUPANT	Bilateral temporal subdural hematoma(right and left)	140654.5,3	852.2	Child safety seat back
	Small contusion, right parietal lobe	140602.3,1	851.0	Child safety seat back
	Small contusion, right temporal lobe ¹	140602.3,1	851.0	Child safety seat back
	Parietal skull fracture, right	150402.2,1	800.20	Child safety seat back
	Parietal skull fracture, left	150402.2,2	800.20	Child safety seat back

Vehicle 2

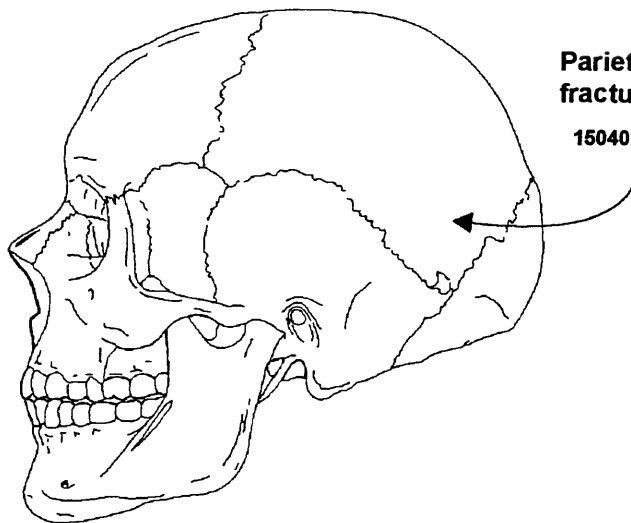
	<u>INJURY</u>	<u>OIC CODE</u>	<u>ICD-9</u>	<u>SOURCE</u>
DRIVER:	Not injured			
R/F OCCUPANT	Not injured			

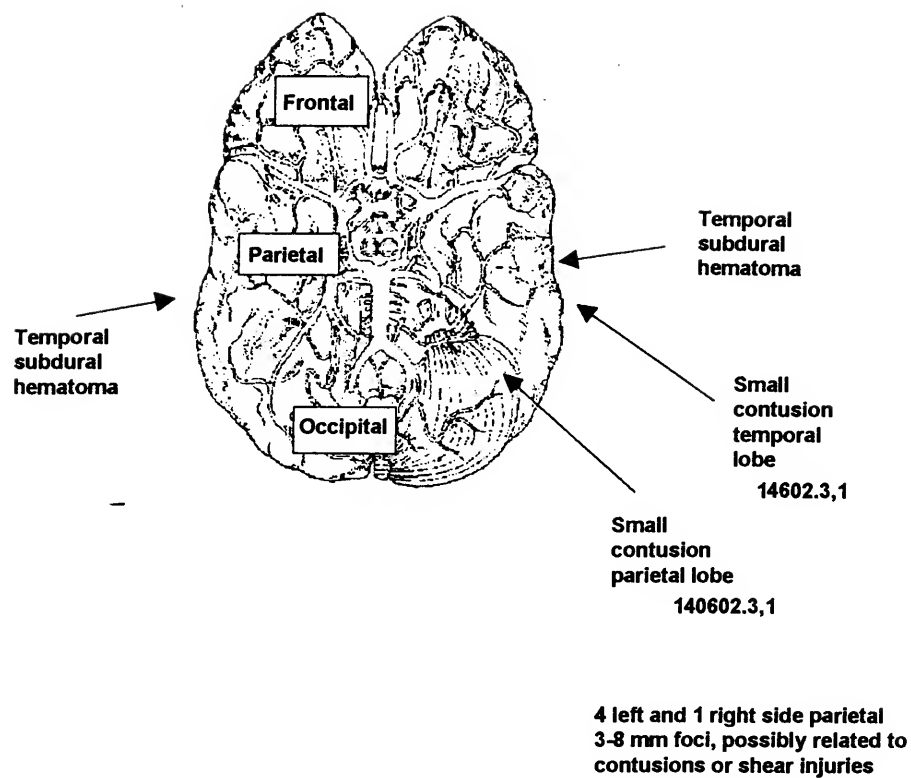
¹If contusion and compression or contusion and hematoma are diagnosed code both. 1993 NASS Injury Coding Manual.

**Parietal skull
fracture, right**
150402.2,1



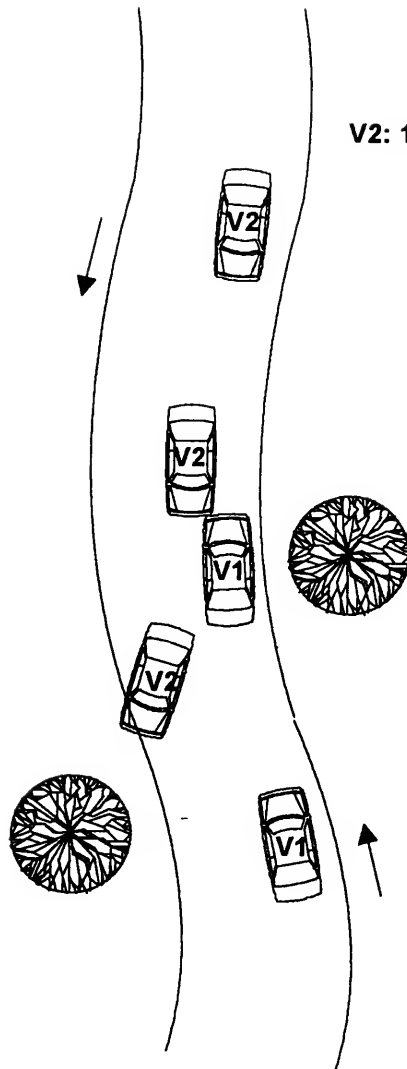
**Parietal skull
fracture, left**
150402.2,2





Abbreviations Used In Narrative, Scene And Photographic Documentation

ft	Feet
in	Inches
AIS	Abbreviated Injury Scale
BLF	Begin Left Front
BLR	Begin Left Rear
BRF	Begin Right Front
BRR	Begin Right Rear
CBE	Cab Behind Engine
CCW	Counterclockwise
CDC	Collision Deformation Classification
CG	Center of Gravity
CM	Centimeter
COE	Cab Over Engine
CW	Clockwise
E, EB	East, Eastbound
ELF	End Left Front
ELR	End Left Rear
ERF	End Right Front
ERR	End Right Rear
FRP	Final Rest Position
I	Interstate Highway
KG	Kilogram
KPH	Kilometers Per Hour
LF	Left Front
LR	Left Rear
M	Meter
N, NB	North, Northbound
NE	Northeast
NW	Northwest
PDOF	Principal Direction of Force
POI	Point of Impact
R	Radius of Curvature
RF	Right Front
RL	Reference Line
RP	Reference Point
RR	Right Rear
S, SB	South, Southbound
SE	Southeast
SW	Southwest
T	Time or Elapsed Time (in seconds)
U.S.	United States Highway
V1	Vehicle Number 1
W, WB	West, Westbound

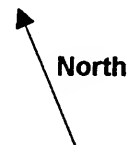


V2: 1981 Chevrolet Malibu

V1: 1994 Toyota Corolla

DSI-94-AB-23

Scale: 1" = 20'



Collision Measurement Table

Case Number: DSI-94-AB-023

Reference Point: Private driveway

Reference Line: Road edge

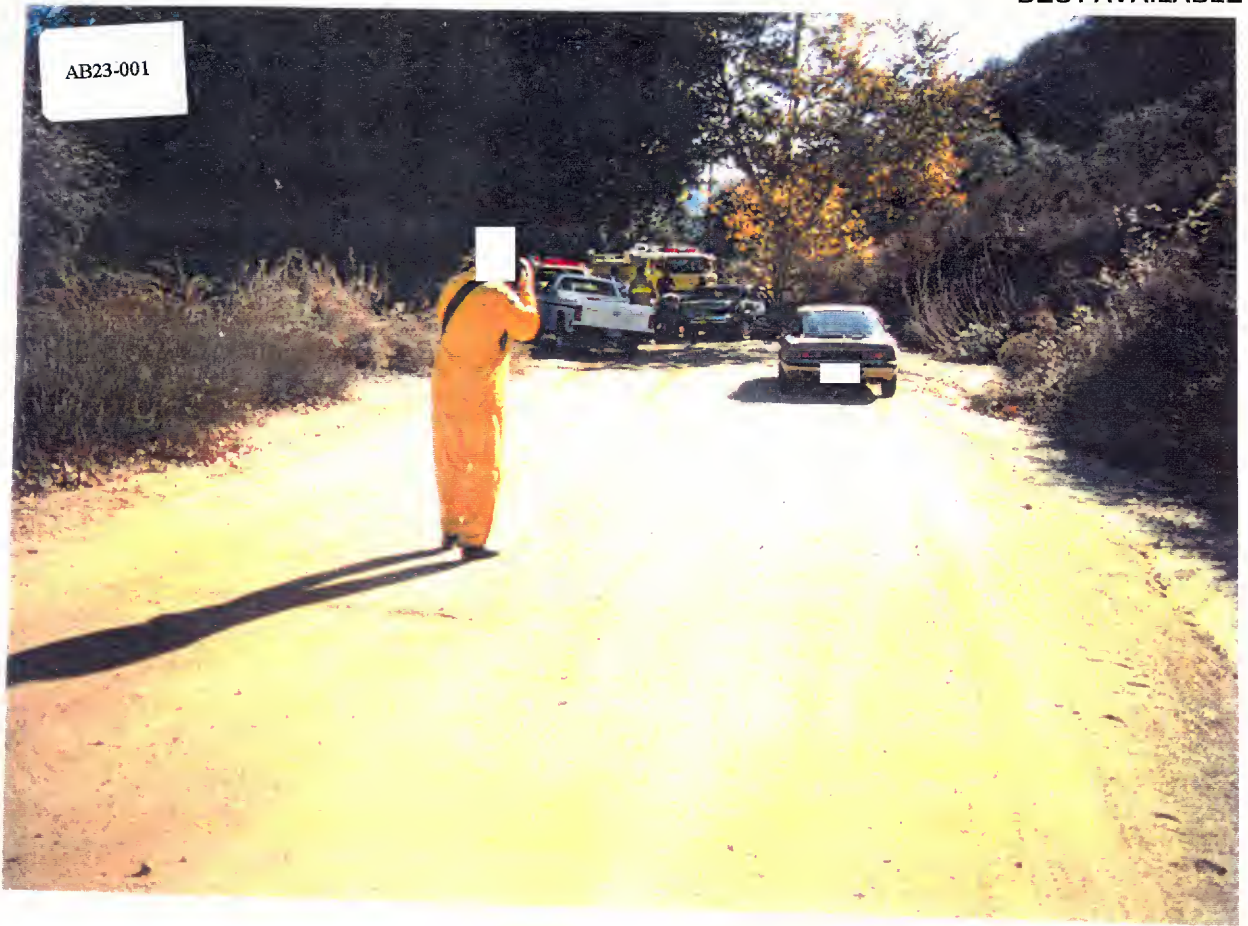
DATA POINT	LONGITUDINALS	LATERALS
Right-hand SB curve: MO=.75 in., chord = 25 ft.		
Right-hand NB curve: MO=.75 in., chord = 25 ft.		
Road surface: dirt -		
Approximate POI	≈ 50 SRP	
Road width: varies 16-17 ft.		
Grade:		
Northbound 3 in./48 in. -6%		
Southbound 1.5 in. /48 in. +3%		

COLOR COPY PHOTO INDEX

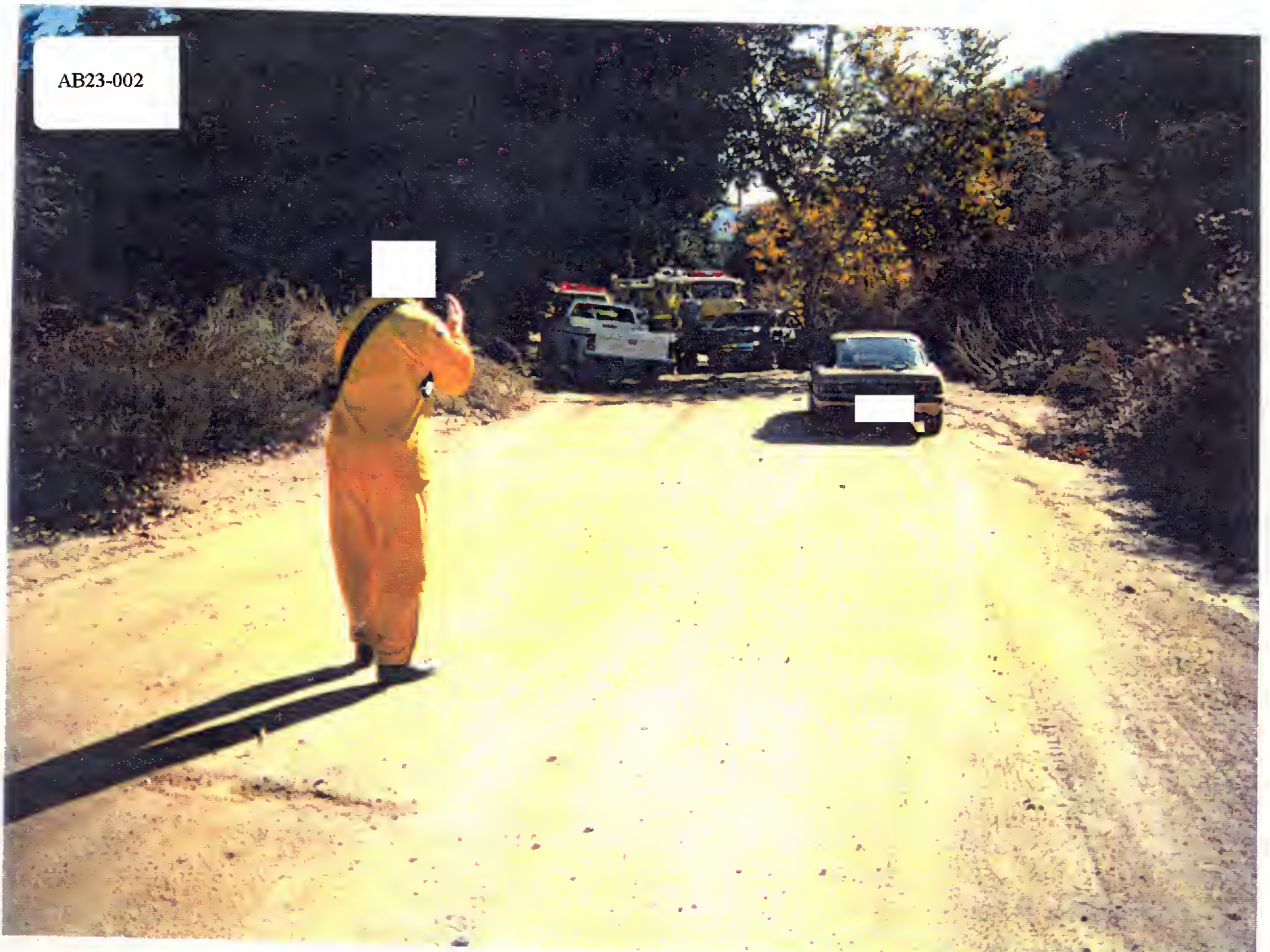
Case Number: DSI-94-AB-023

PHOTO NO.	VEHICLE NO.	DIRECTION OF PICTURE	SUBJECT MATTER
1-2	2	South	Path to area of impact.
3-5	2	South	Path to area of impact.
6	1/2	South	Final rest - shows left side of Vehicle 1 and right side of Vehicle 2.
7	1	NA	Child safety seat.
8	1/2	South	Final rest - shows left side of Vehicle 1 and right side of Vehicle 2.
9-10	1	NA	Child safety seat.
11	2	North	Vehicle exterior - left side.
12	1	NA	Closeup of child safety seat.
13	1	North	Vehicle exterior - left side.

AB23-001



AB23-002



AB23-003



AB23-004



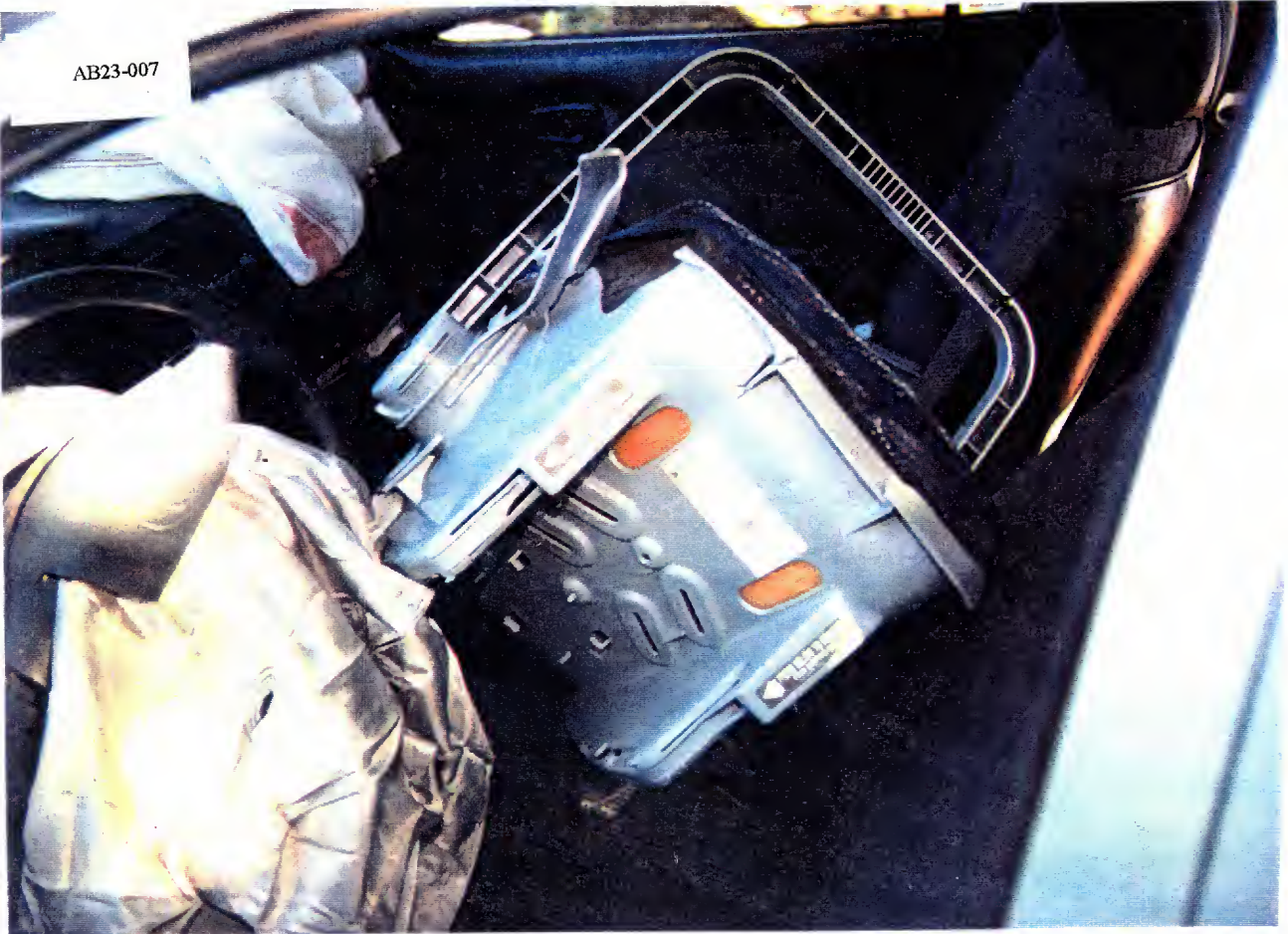
AB23-005



AB23-006



AB23-007



AB23-008



AB23-009



AB23-010





AB23-012



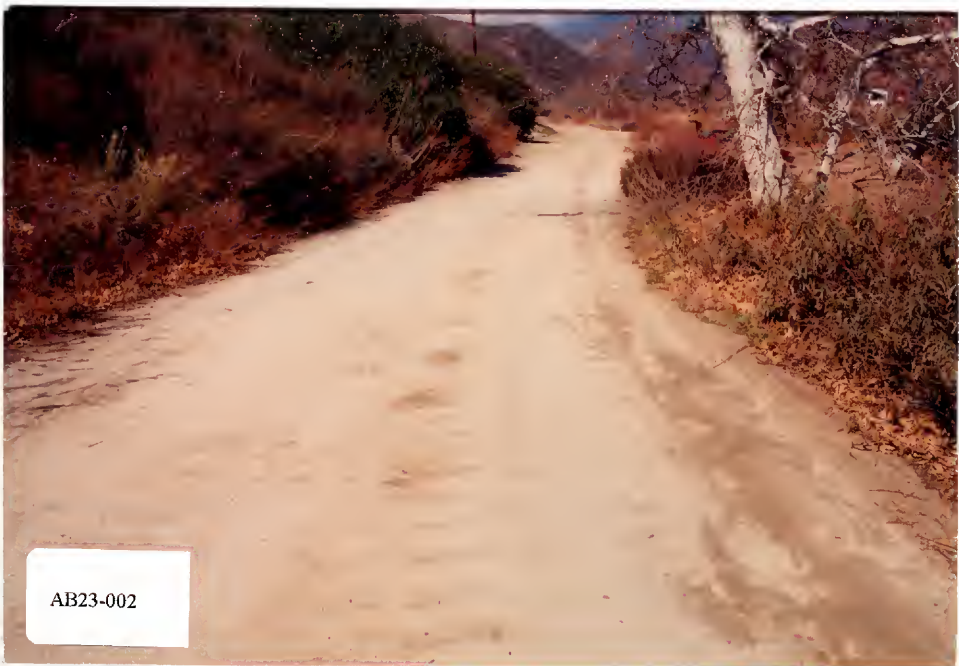
AB23-013

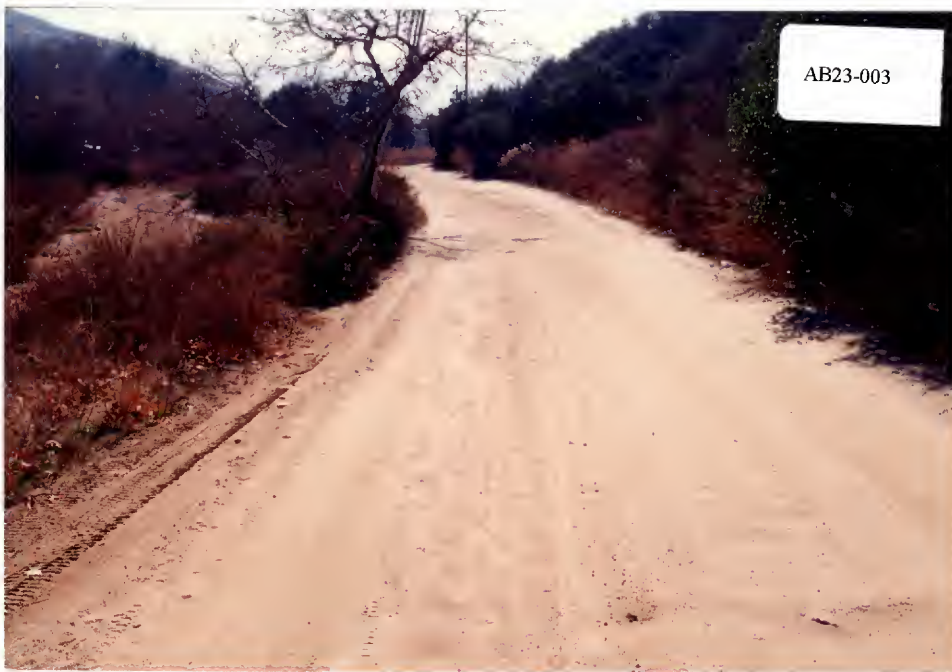


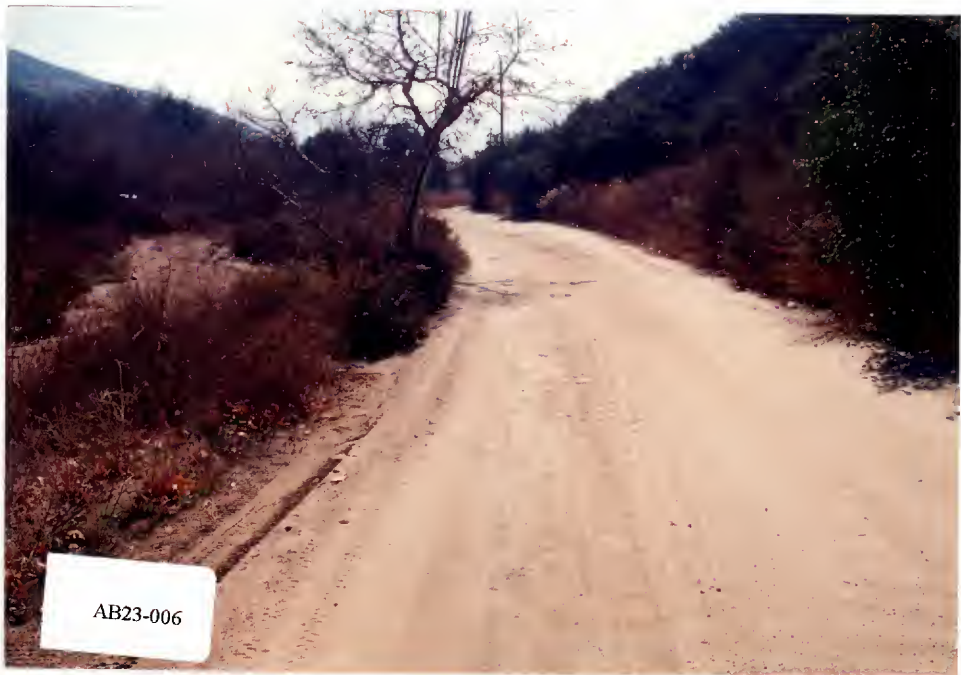
PHOTO/SLIDE INDEX

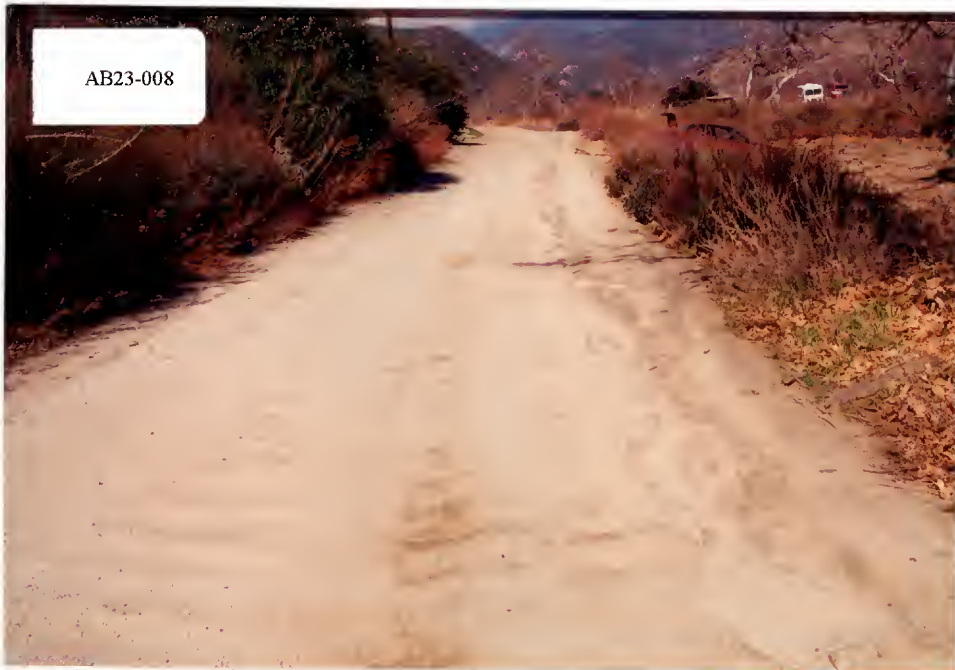
Case Number: DSI-94-AB-023

PHOTO NO.	VEHICLE NO.	DIRECTION OF PICTURE	SUBJECT MATTER
1-2	1	North	Approach to area of impact.
3	1	North	Area of impact.
3	1	South	Looking back view along path.
5-6	2	South	Approach to area of impact.
7	2	South	Area of impact.
8	2	North	Looking back view along path.
9-22	1	CCW	Vehicle exterior.
23-50	1	NA	Vehicle interior: Slide #32 shows module cover Slide #36 shows abrasion to airbag fabric Slide #40 shows airbag/module contact to windshield. Slide #46 shows loading to right front lap/shoulder belt
51-67	1	NA	Child safety seat: Slide #55-56 show damaged portion of seat
68-73	1	NA	Police photos of exterior and of child safety seat.





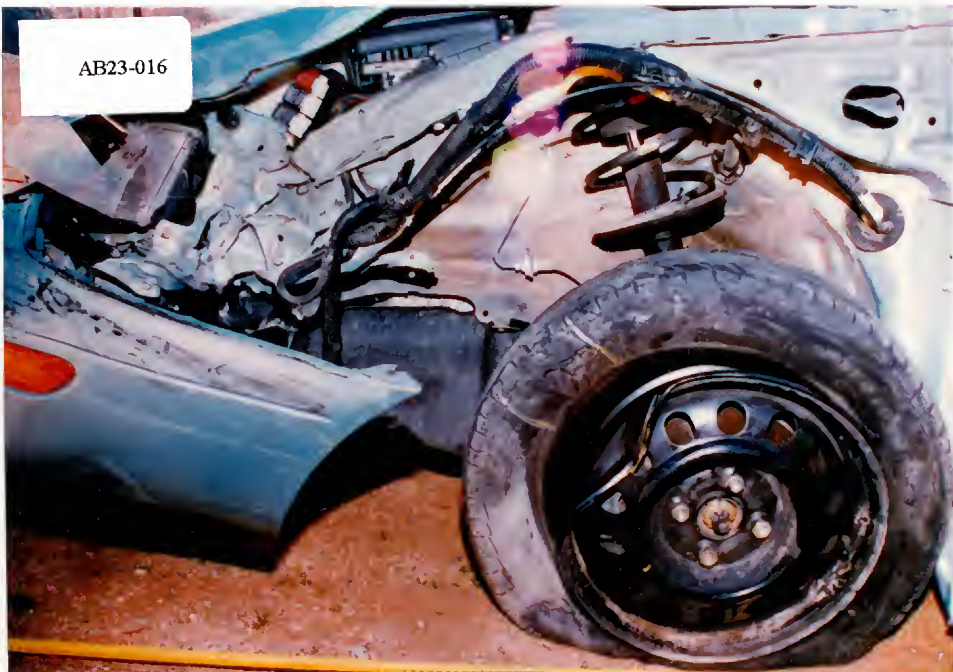




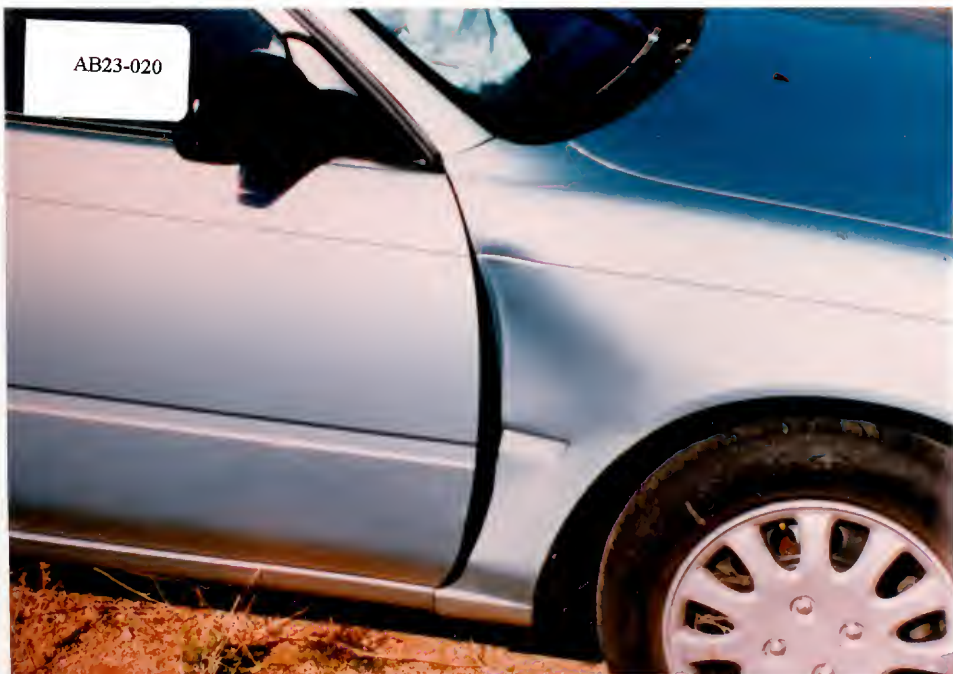








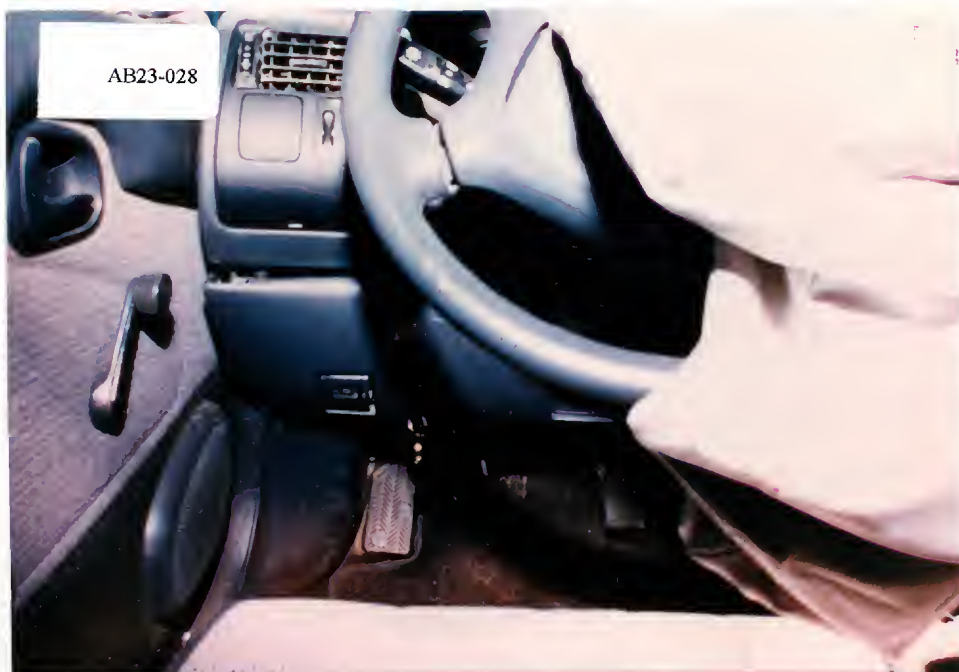








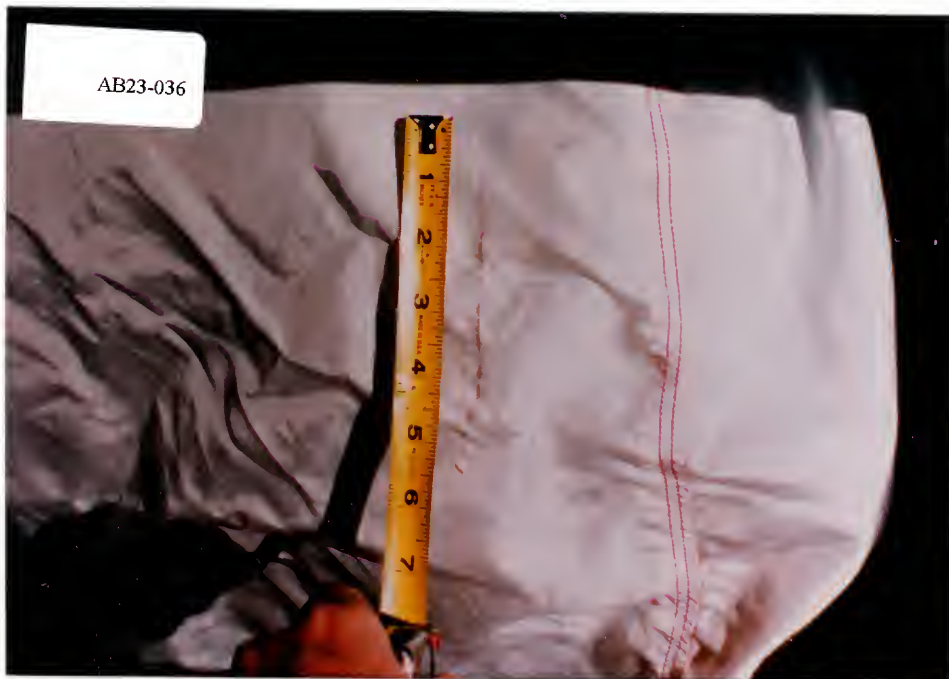
















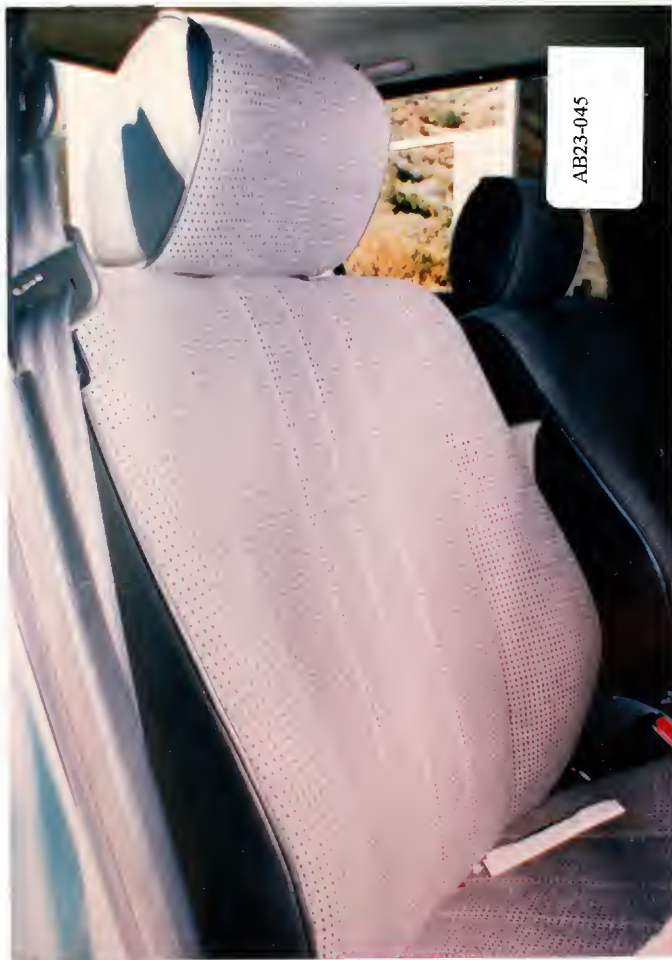


AB23-041

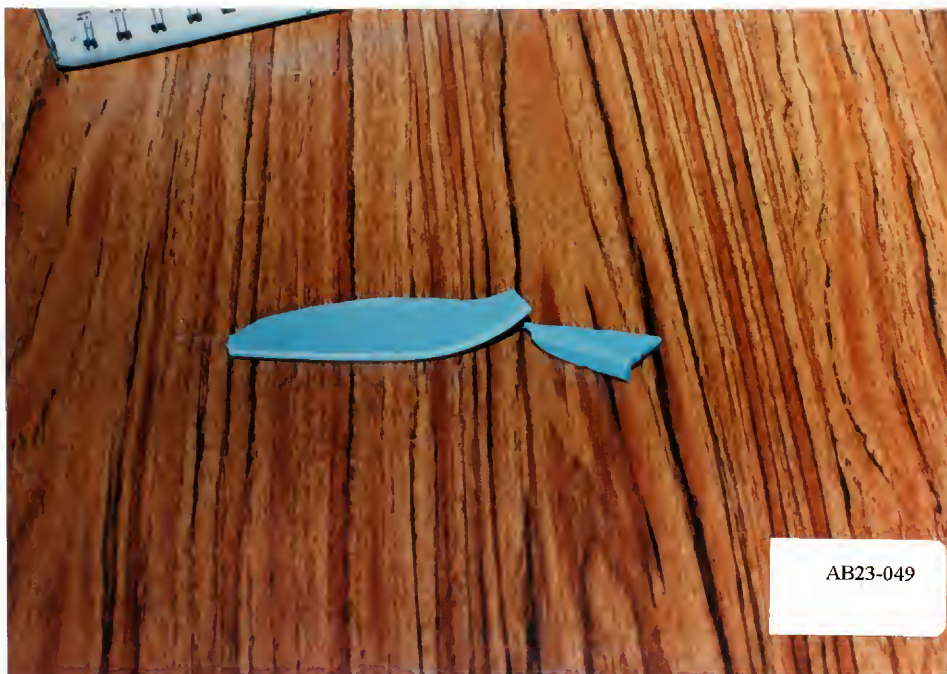


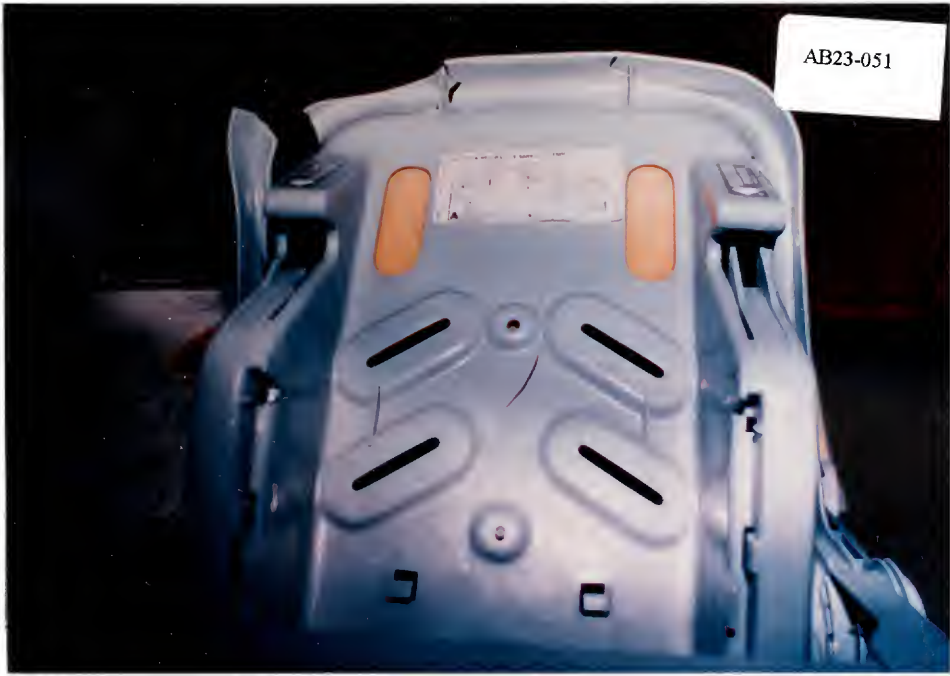
AB23-042











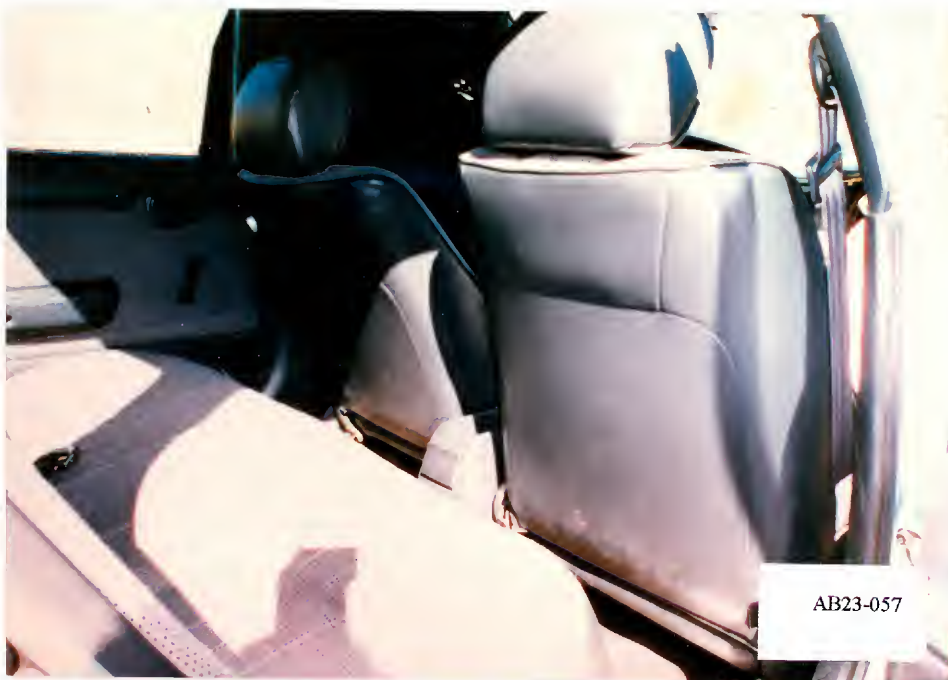




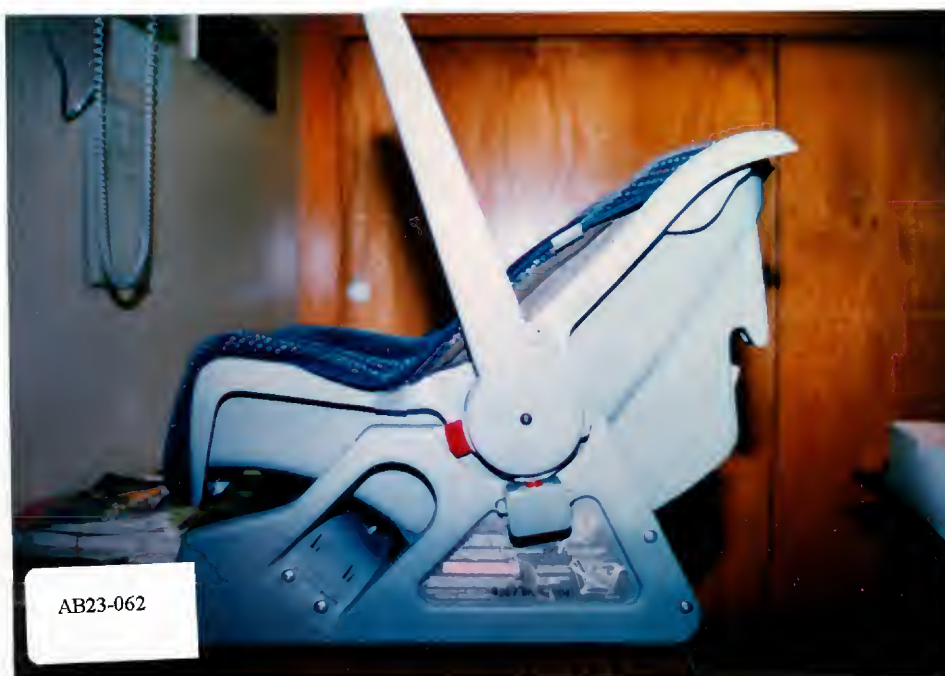
AB23-055

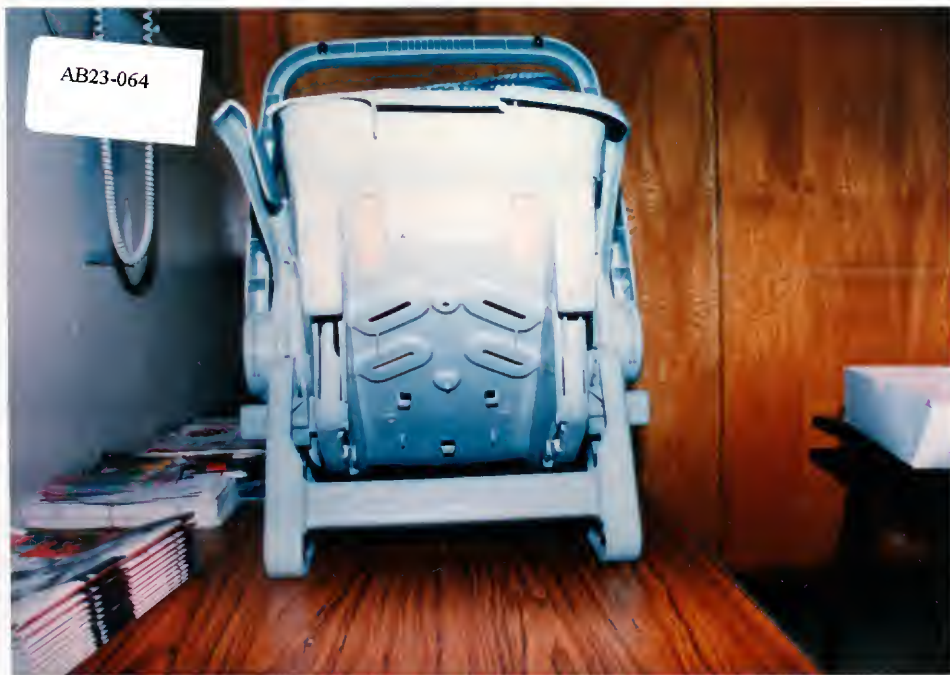


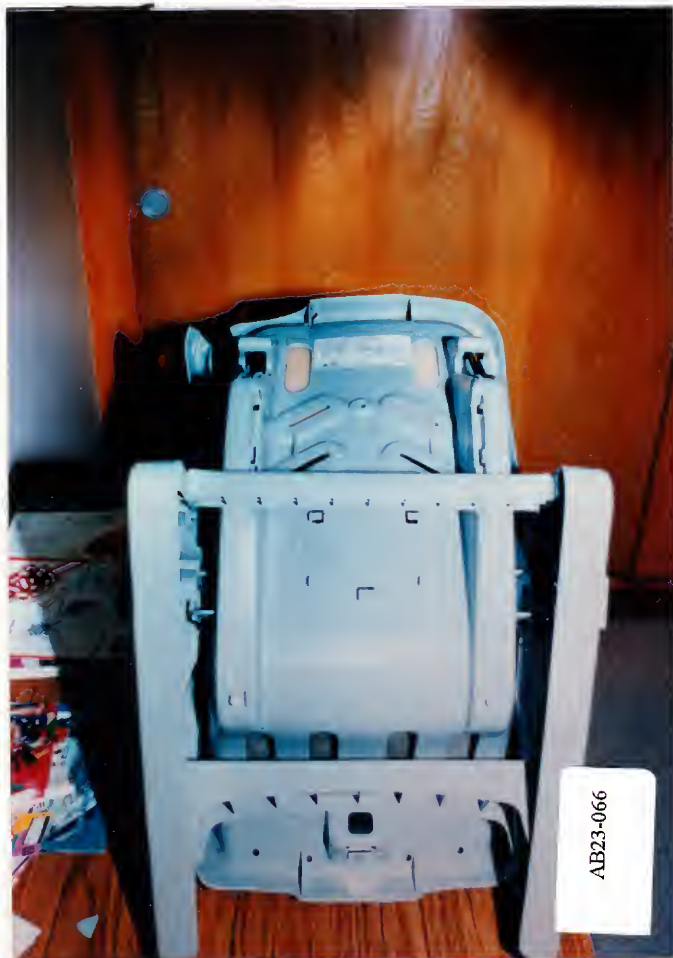
AB23-056





















DS9423 #1



DS9423 #2



DS9423 #3



DS9423 #4



D89423 #5



DS9423 #6



DS9423 #7



DS9423 #8



DS9423 #9
Best Available



DS9423 #10
Best Available



DS9423 #11



DS9423 #12



DS9423 #13



DS 9423 #14
Best Available



DS9423 #15
Best Available



DS9423 #16
Best Available



DS9423 #17
Best Available



DS9423 #18
Best Available



DS9423 #19
Best Available



D8 9423 #20



DS 9423 #21
Best Available



D89423 #22
Best Available



DS9423 #23



DS9423 #24



DS8423 #25



DS9423 #26



DS9423 #27



DS9423 #28



059423 #29



06 9423 #30



DS9423 #31
Best Available



DS9423 #32
Best Available



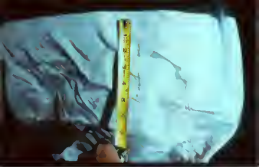
DS9423 #33
Best Available



D89423 #34
Best Available



DS9423 #35
Best Available



DS9423 #36
Best Available



DS9423 #37



06 9423 #38



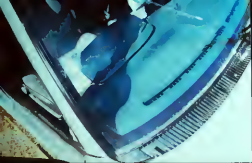
DS9423 #39



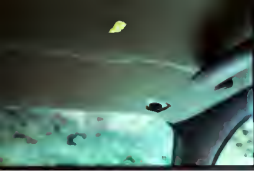
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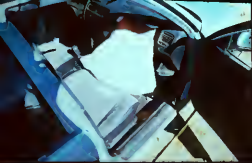
DS9423 #41
Best Available



DS9423 #42
Best Available



DS9423 #43



DS9423 #44
Best Available



DS9423 #45



DS 9423 #46



DS9423 #47



DS9423 #48



DS9423 #49



DS9423 #50



06 9423 #51



DS 9423 #52



DS9423 #53



DS9423 #54



DS9423 #55



DS 9423 #56



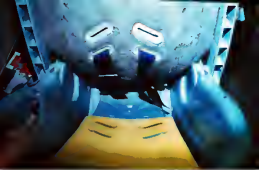
DS9423 #57



DS9423 #58



D59423 #59



DS9423 #60



DS9423 #61



D89423 #62



DS9423 #63



DS9423 #84



DS 9423 #65



DS9423 #66



DS 9423 #67



DS9423 #68
Best Available



DS 9423 #69
Best Available



DS9423 #70
Best Available



DS9423 #71
Best Available



DS9423 #72
Best Available



DS 9423 #73
Best Available

ACCIDENT FORM

NATION/
CR

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1. Primary Sampling Unit Number

2. Case Number - Stratum

AB 23

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted024. Date of Accident
(Month, Day, Year)FALL WEEKDAY 9 4

5. Time of Accident

AFTERNOON

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS14-SS18 below) that
has been completed; code 1 for the checked special
studies and 0 for the special studies not checked.6. SS15 Administrative Use07. SS16 Pedestrian Crash Data Study08. SS17 Impact Fires09. SS18010. SS190

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident01Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other
involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>01</u>	14. <u>01</u>	15. <u>F</u>	16. <u>02</u>	17. <u>03</u>	18. <u>F</u>
19. <u>0 2</u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>
26. <u>0 3</u>	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>
33. <u>0 4</u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>
40. <u>0 5</u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 4,500 kgs GVWR)
- (13) Passenger van (≤ 4,500 kgs GVWR)
- (14) Other van (≤ 4,500 kgs GVWR)
- (15) Pickup truck (≤ 4,500 kgs GVWR)
- (18) Other truck (≤ 4,500 kgs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 4,500 kgs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

TDC APPLICABLE VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify): _____

(35) Noncollision injury

(38) Other noncollision (specify): _____

(39) Noncollision — details unknown

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail) (specify): _____

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify): _____

(69) Unknown fixed object

Collision with Nonfixed Object

(71) Motor vehicle not in-transport

(72) Pedestrian

(73) Cyclist or cycle

(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(79) Object fell from vehicle in-transport

(88) Other nonfixed object (specify): _____

(89) Unknown nonfixed object

(98) Other event (specify): _____

(99) Unknown event or object

GENERAL VEHICLE FORM

NATION
C

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EM
EM

1. Primary Sampling Unit Number

2. Case Number - Stratum

AB 23

3. Vehicle Number

φ 1

VEHICLE IDENTIFICATION

4. Vehicle Model Year

9 4Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

TOYOTA4 9Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

COROLLAφ 3 2Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type

φ 4Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

1 N X A E O 4 B 5 R Z
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition

- (0) Not towed due to vehicle damage
-
- (1) Towed due to vehicle damage
-
- (9) Unknown

1

10. Police Reported Travel Speed

9 9 9Code to the nearest kph (NOTE: 000 means
less than 0.5 kph)
(160) 159.5 kph and above
(999) Unknown mph X 1.6093 = kph

11. Police Reported Alcohol Presence

- (0) No alcohol present
-
- (1) Yes (alcohol present)
-
- (7) Not reported
-
- (8) No driver present
-
- (9) Unknown

φ

Note: See variables 37 through 55

(Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver

- Code actual value (decimal implied
-
- before first digit—0.xx)
-
- (95) Test refused
-
- (96) None given
-
- (97) AC test performed, results unknown
-
- (98) No driver present
-
- (99) Unknown

9 φSource: PAR

ACCIDENT RELATED

13. Speed Limit

- (000) No statutory limit
-
- Code posted or statutory speed limit
-
- in kph
-
- (999) Unknown

φ φ φ mph X 1.6093 = kph

14. Attempted Avoidance Maneuver

- (01) No avoidance actions
-
- (02) Braking (no lockup)
-
- (03) Braking (lockup)
-
- (04) Braking (lockup unknown)
-
- (05) Releasing brakes
-
- (06) Steering left
-
- (07) Steering right
-
- (08) Braking and steering left
-
- (09) Braking and steering right
-
- (10) Accelerating
-
- (11) Accelerating and steering left
-
- (12) Accelerating and steering right
-
- (97) No driver present
-
- (98) Other action (specify):

φ 9

(99) Unknown

15. Accident Type

- Applicable codes may be found on the
-
- back of page two of this field form
-
- (00) No impact
-
- Code the number of the diagram that
-
- best describes the accident circumstance
-
- (98) Other accident type (specify):

5 1

(99) Unknown

**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****

CODES FOR BODY TYPE

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CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500.)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR $\leq 8,850$ kgs)
- (62) Single unit straight truck ($8,850$ kgs $<$ GVWR $\leq 12,000$ kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
(0) Driver not present
(1) Driver present
(9) Unknown
17. Number of Occupants This Vehicle 0 2
(00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown
18. Number of Occupant Forms Submitted 0 2

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 1 0 5 0
Code weight to nearest 10 kilograms.
(045) Less than 450 kilograms
(610) 6,100 kilograms or more
(999) Unknown
2 3 2 1 lbs X .4536 = 1 0 5 3 kgs
Source: [REDACTED]
20. Vehicle Cargo Weight 9 9 9 0
Code weight to nearest 10 kilograms.
(000) Less than 5 kilograms
(450) 4,500 kilograms or more
(999) Unknown
____ lbs X .4536 = ____ kgs

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
(0) No towed unit
(1) Yes—towed trailing unit
(9) Unknown
22. Documentation of Trajectory Data for This Vehicle 1
(0) No
(1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
(0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted <45 degrees
(4) Tilted ≥45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify): _____
(9) Unknown

24. Rollover 0
(0) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
(1) Rollover, 1 quarter turn only
(2) Rollover, 2 quarter turns
(3) Rollover, 3 quarter turns
(4) Rollover, 4 or more quarter turns (specify): _____
(5) Rollover--end-over-end (i.e., primarily about the lateral axis)
(9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) _____
26. Rear Override/Underride (this Vehicle) 0
(0) No override/underride, or not an end-to-end impact
Override (see specific CDC)
(1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify): _____
Underride (see specific CDC)
(4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify): _____
(7) Medium/heavy truck or bus override
(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
(997) Noncollision
(998) Impact with object
(999) Unknown

27. Heading Angle For This Vehicle 0 2 0
28. Heading Angle For Other Vehicle 2 0 0

Category	Configuration	ACCIDENT TYPES (Includes Intent)				BEST AVAILABLE COPY	
I. Single Driver	A. Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN	
	B. Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN	
	C. Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
II. Same Trafficway Same Direction	D. Rear-End	20 STOPPED 21, 22, 23	22 21 23 SLOWER 26, 28, 27	24 25 26 27 28 DECEL. 29, 30, 31	30 29 31 (EACH • 32)	(EACH • 33)	
	E. Forward Impact	34 CONTROL/ TRACTION LOSS	35 CONTROL/ TRACTION LOSS	36 CONTROL/ TRACTION LOSS	37 AVOID COLLISION WITH VEH.	38 AVOID COLLISION WITH VEH.	39 AVOID COLLISION WITH OBJECT
	F. Sideswipe Angle	44 45	46 45 47	(EACH • 48)	SPECIFICS OTHER	(EACH • 49)	SPECIFICS UNKNOWN
III. Same Trafficway Opposite Direction	G. Head-On	50 51 LATERAL MOVE	(EACH • 52)	SPECIFICS OTHER	(EACH • 53)	SPECIFICS UNKNOWN	
	H. Forward Impact	54 CONTROL/ TRACTION LOSS	55 CONTROL/ TRACTION LOSS	56 CONTROL/ TRACTION LOSS	57 AVOID COLLISION WITH VEH.	58 AVOID COLLISION WITH VEH.	59 AVOID COLLISION WITH OBJECT
	I. Sideswipe Angle	64 65 LATERAL MOVE	(EACH • 66)	SPECIFICS OTHER	(EACH • 67)	SPECIFICS UNKNOWN	
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	68 69 INITIAL OPPOSITE DIRECTIONS	70 71 INITIAL SAME DIRECTIONS	72 73	(EACH • 74)	(EACH • 75)	
	K. Turn Into Path	76 77 TURN INTO SAME DIRECTION	78 79	80 81 TURN INTO OPPOSITE DIRECTIONS	82 83	(EACH • 84)	(EACH • 85)
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	86 87	88 89	(EACH • 90)	SPECIFICS OTHER	(EACH • 91)	SPECIFICS UNKNOWN
VI. Miscellaneous	M. Backing Etc.	92 BACKING VEH.	93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact			

29. Basis for Total Delta V (highest)

5*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

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Highest

32. Lateral Component of Delta V + 9 9 9 Nearest kph (highest) Nearest kph (secondary)

(NOTE: 000 means greater than
-0.5 kph and less than +0.5 kph)
(± 160) ± 159.5 kph and above
(999) Unknown

33. Energy Absorption 9 9 9 9 0 0 Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

COMPUTER GENERATED DELTA V

30. Total Delta V

Highest

9 9 9 Nearest kph (highest) Nearest kph (secondary)

(NOTE: 000 means less than
0.5 kph)
(160) 159.5 kph and above
(999) Unknown

31. Longitudinal Component of Delta V

+ 9 9 9 Nearest kph (highest) Nearest kph (secondary)

(NOTE: 000 means greater than
-0.5 kph and less than +0.5 kph)
(± 160) ± 159.5 kph and above
(999) Unknown

34. Confidence In Reconstruction Program Results (For Highest Delta V)

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

0

35. Type of Vehicle Inspection

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

1

36. Is this an AOPS Vehicle?

- (0) No
- (1) Yes - researcher determined
- (2) VIN determined air bag system
- (3) VIN determined automatic (passive) belts
- (4) VIN determined air bag and automatic (passive) belts

1

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [] YES [] NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [] YES [] NO

37. Police Reported Other Drug Presence φ

- (0) No other drug(s) present
- (1) Yes [other drug(s) present]
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver φ

- (0) No DEC process available or given
- (1) DEC process given, results known
- (2) DEC process given, results unknown
- (3) DEC process available, unknown if given
- (8) No driver present

39. Other Drug Specimen Test Type For Driver φ

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify): _____
- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION

OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>φ</u>	41. <u>φ</u>
Depressant Drug	42. <u>φ</u>	43. <u>φ</u>
Stimulant Drug	44. <u>φ</u>	45. <u>φ</u>
Hallucinogen Drug	46. <u>φ</u>	47. <u>φ</u>
Cannabinoid Drug	48. <u>φ</u>	49. <u>φ</u>
Phencyclidine (PCP)	50. <u>φ</u>	51. <u>φ</u>
Inhalant Drug	52. <u>φ</u>	53. <u>φ</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>φ</u>	55. <u>φ</u>

Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover

(01-30) — Vehicle Number

Noncollision

(31) Turn-over — fall-over

(33) Jackknife

Collision With Fixed Object

(41) Tree (≤ 10 cm in diameter)

(42) Tree (> 10 cm in diameter)

(43) Shrubbery or bush

(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

(50) Pole or post (≤ 10 cm in diameter)

(51) Pole or post (> 10 cm but ≤ 30 cm in diameter)

(52) Pole or post (> 30 cm in diameter)

(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail)
(specify): _____

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify): _____

(69) _____
Unknown fixed object

Collision with Nonfixed Object

(71) Motor vehicle not in-transport

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(79) Object fell from vehicle in-transport

(88) Other nonfixed object (specify): _____

(89) _____
Unknown nonfixed object

(98) Other event (specify): _____

(99) _____
Unknown event or object

OTHER DATA

56. Driver's Zip Code

- (00000) Driver not present
(00001) Driver not a resident of U.S. or territories
Code actual 5-digit zip code
(99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(8) Other (specify):
(9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify):
(9) Unknown

ROLLOVER DATA

If GV07 (Body Type) \neq 1-49, leave GV59-GV63 blank.
If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
(1) Trip-over
(2) Flip-over
(3) Turn-over
(4) Climb-over
(5) Fall-over
(6) Bounce-over
(7) Collision with another vehicle
(8) Other rollover initiation type (specify):
(9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
(1) On roadway
(2) On shoulder—paved
(3) On shoulder—unpaved
(4) On roadside or divided trafficway median
(9) Unknown

61. Rollover Initiation Object Contacted

0 4

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

0

- (0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify):
(8) Non-contact rollover forces (specify):
(9) Unknown

63. Direction of Initial Roll

0

- (0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis
(5) End-over-end (i.e., primarily about the lateral axis)
(9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

1 3

- (01) Going straight
(02) Slowing or stopping in traffic lane
(03) Starting in traffic lane
(04) Stopped in traffic lane
(05) Passing or overtaking another vehicle
(06) Disabled or parked in travel lane
(07) Leaving a parking position
(08) Entering a parking position
(09) Turning right
(10) Turning left
(11) Making a U-turn
(12) Backing up (other than for parking position)
(13) Negotiating a curve
(14) Changing lanes
(15) Merging
(16) Successful avoidance maneuver to a previous critical event
(97) Other (specify):
(98) No driver present
(99) Unknown

PRECRASH DATA (Continued)

65. Critical Precrash Event

53*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location

(98) Other critical precrash event (specify): _____

(99) Unknown

For Corrective Actions Attempted see variable GV14 (Attempted Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver

1

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action)

1

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

1. Primary Sampling Unit Number		2. Case Number - Stratum		3. Vehicle Number	

VEHICLE IDENTIFICATION

VIN 1 N X A E O 4 B 5 R Z X X X X X X Model Year 9 4
Vehicle Make (specify): TOYOTA Vehicle Model (specify): COROLLA 4-DR

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
1	LF BUMPER CORNER →	

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

VEHICLE DAMAGE SKETCH

TIRE - WHEEL DAMAGE

a. Rotation physically restricted

b. Tire deflated

 RF 2
 LF 1
 RR 2
 LR 2

 RF 2
 LF 1
 RR 2
 LR 2

(1) Yes (2) No (8) NA (9) Unk.

TYPE OF TRANSMISSION

☒ Manual ☐ Automatic

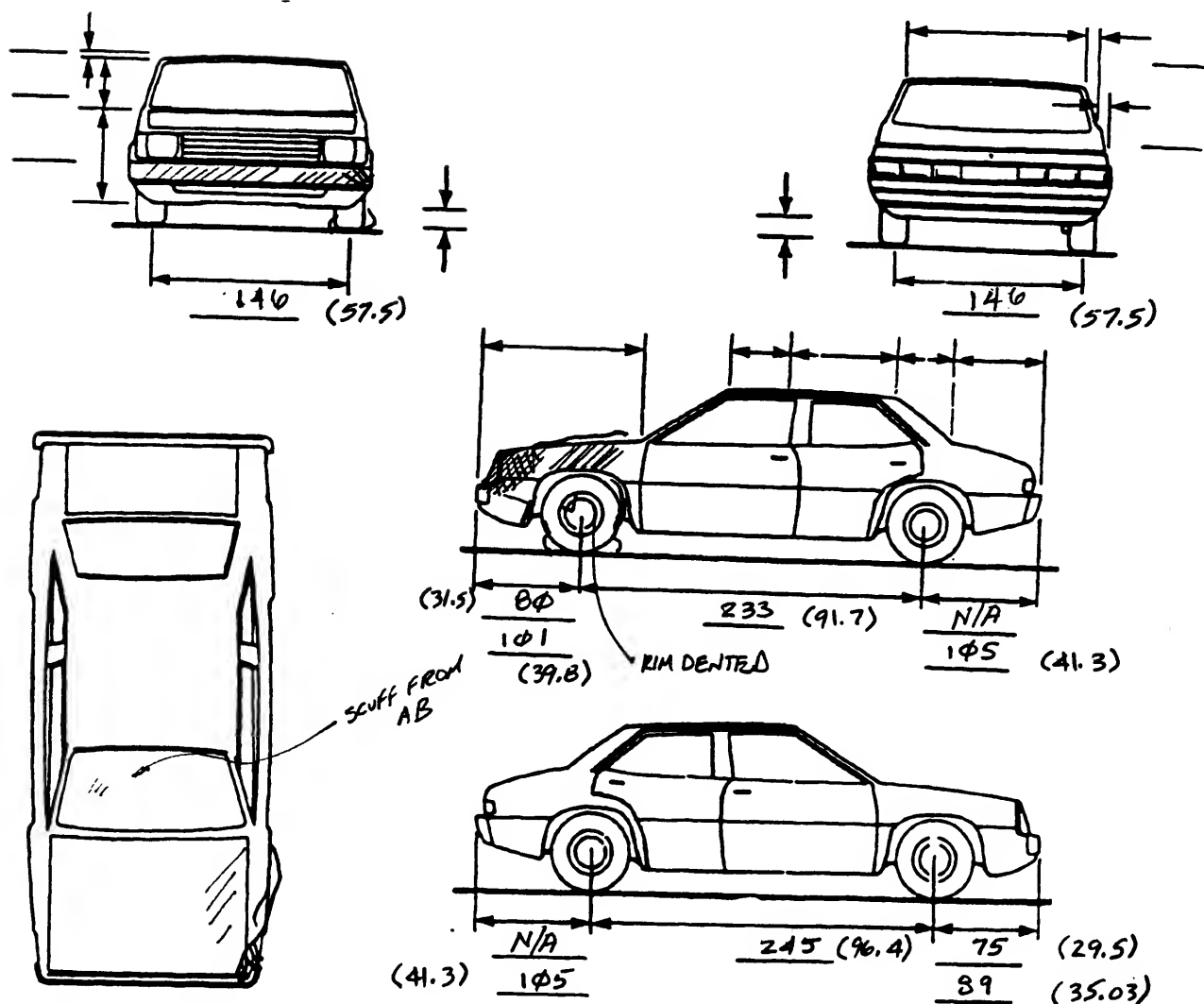
ORIGINAL SPECIFICATIONS

 Wheelbase (97.2) 247 cm
 Overall Length (172.4) 437 cm
 Maximum Width (66.5) 169 cm
 Curb Weight (2321) 1053 kg
 Average Track (57.3) 146 cm
 Front Overhang (34.3) 87 cm
 Rear Overhang (41.3) 105 cm
 Undeformed End Width (55.9) 142 cm
 Engine Size: cyl./displ. 4 cyl 665 L
WHEEL STEER ANGLES
(For locked front wheels or displaced rear axles only)
 RF \pm - $^{\circ}$
 LF \pm ϕ $^{\circ}$
 RR \pm - $^{\circ}$
 LR \pm - $^{\circ}$
Within \pm 5 degrees

DRIVE WHEELS

☒ FWD ☐ RWD ☐ 4WDApproximate Cargo Weight NONE VISIBLE kg

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CODES FOR OBJECT CONTACTED

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>Φ 1</u>	5. <u>Φ 2</u>	6. <u>1 2</u>	7. <u>F</u>	8. <u>L</u>	9. <u>E</u>	10. <u>E</u>	11. <u>Φ 3</u>

Second Highest Delta "V"

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>± D</u>
<u>1 3 Φ</u>	<u>Φ Φ 2</u>	<u>Φ Φ 1</u>	<u>Φ Φ Φ</u>	<u>Φ Φ 1</u>	<u>Φ Φ 3</u>	<u>Φ Φ 1</u>	<u>+ 0 Φ 5 6</u>

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>± D</u>
_____	_____	_____	_____	_____	_____	_____	<u>+ _____</u>
_____	_____	_____	_____	_____	_____	_____	<u>- _____</u>

26. Are CDCs Documented but Not Coded on The Automated File? Φ
 (0) No
 (1) Yes

27. Researcher's Assessment of Vehicle Disposition 1
 (0) Not towed due to vehicle damage
 (1) Towed due to vehicle damage
 (9) Unknown

28. Original Wheelbase 2 4 7
 _____ Code to the nearest centimeter
 (999) Unknown

97 . 2 inches X 2.54 = 2 4 7 centimeters

29. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle? φ

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

(9) Unknown if vehicle is modified

30. Fire Occurrence φ

(0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

31. Origin of Fire φ

- (0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

(9) Unknown

32. Type of Fuel Tank-1 1

33. Type of Fuel Tank-2 φ

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

34. Fuel Tank-1 Location 4

35. Fuel Tank-2 Location φ

- (0) No fuel tank
(1) Aft of center of the rear wheels (rear axle)
centered
(2) Aft of center of the rear wheels (rear axle) left
side
(3) Aft of center of the rear wheels (rear axle)
right side
(4) Forward of center of the rear wheels (rear
axle) centered
(5) Forward of center of the rear wheels (rear
axle) left side
(6) Forward of center of the rear wheels (rear
axle) right side
(7) Over center of the rear wheels (rear axle)
(8) Other (specify): _____
(9) Unknown

36. Fuel Tank-1 Filler Cap Location 4

37. Fuel Tank-2 Filler Cap Location φ

- (0) No fuel tank
(1) On back plane
(2) Aft of center of the rear wheels (rear axle) on
left side plane
(3) Aft of center of the rear wheels (rear axle) on
right side plane
(4) Forward of center of the rear wheels (rear
axle) on left side plane
(5) Forward of center of the rear wheels (rear
axle) on right side plane
(6) Over the center of the rear wheels (rear axle)
on left side plane
(7) Over the center of the rear wheels (rear axle)
on right side plane
(8) Other (specify): _____
(9) Unknown

38. Fuel Tank-1 Damage 1

39. Fuel Tank-2 Damage φ

- (0) No fuel tank
(1) No damage to fuel tank
(2) Deformed, no seam failure
(3) Deformed, with a seam failure
(4) Punctured
(5) Lacerated (ripped)
(6) Abraded (scraped)
(7) Filler neck separation from the fuel tank
(8) Other damage (specify): _____
(9) Unknown

40. Location of Fuel System-1 Leakage

1

41. Location of Fuel System-2 Leakage

φ

(0) No fuel tank

(1) No fuel leakage

Primary Area Of Leakage

(2) Tank

(3) Filler neck

(4) Cap

(5) Lines/pump/filter

(6) Vent/emission recovery

(8) Other (specify):

(9) Unknown

42. Fuel Type-1

φ 1

43. Fuel Type-2

φ φ*Single Fuel Type*

(00) No fuel tank

(01) Gasoline

(02) Diesel

(03) CNG (Compressed Natural Gas)

(04) LPG (Liquid Petroleum Gas) also known as Propane

(05) LNG (Liquid Natural Gas)

(06) Methanol (M100 or M85)

(07) Ethanol (E100 or E85)

(08) Other (Hydrogen or others) (specify):

Electric Powered or Electric/Solar Powered Vehicles

(10) Lead Acid Battery

(11) Nickel-Iron Battery

(12) Nickel-Cadmium Battery

(13) Sodium Metal Chloride Battery

(14) Sodium Sulfur Battery

(18) Other (Specify):

(98) Other Hybrid (specify):

(99) Unknown fuel type

44. Is This Vehicle Equipped With More Than Two Fuel Tanks?

φ

(0) No (one or two tanks only)

Yes - More Than Two Tanks(1) Yes -- no damage to any tank or filler cap and no fuel system leakage(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location):(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):

Type of tank

Tank location

Filler cap location

Tank damage

Location of leakage

Type of fuel

(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
 (I.E., GV09 = 0 OR 9 AND GV36 = 0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.

INTERIOR VEHICLE FORM

NATIONAL
CRAI

BEST AVAILABLE COPY

1. Primary Sampling Unit Number

2. Case Number - Stratum

A B 2 3

3. Vehicle Number

4 1

INTEGRITY

4. Passenger Compartment Integrity

(00) No integrity loss

4 6

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 4

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 \neq 2, Then code 0

10. LF 4 11. RF 4 12. LR 4 13. RR 4 14. TG/H 4

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 4 16. LF 6 17. RF 4 18. LR 4 19. RR 4

20. BL 4 21. Roof 6 22. Other 4

(0) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(8) No glazing

(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 4 24. LF 4 25. RF 4 26. LR 4 27. RR 4

28. BL 4 29. Roof 4 30. Other 4

(0) No occupant contact to glazing or no glazing

(1) Glazing contacted by occupant but no glazing damage

(2) Glazing in place and cracked by occupant contact

(3) Glazing in place and holed by occupant contact

(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(5) Glazing out-of-place by occupant contact and holed by occupant contact

(6) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

If No Glazing Damage *And* No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 4 32. LF 2 33. RF 4 34. LR 4 35. RR 4

36. BL 4 37. Roof 4 38. Other 4

(0) No glazing contact and no damage, or no glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted

(4) AS-14 - Glass/Plastic

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

39. WS 4 40. LF 2 41. RF 4 42. LR 4 43. RR 4

44. BL 4 45. Roof 4 46. Other 4

(0) No glazing contact and no damage, or no glazing

(1) Fixed

(2) Closed

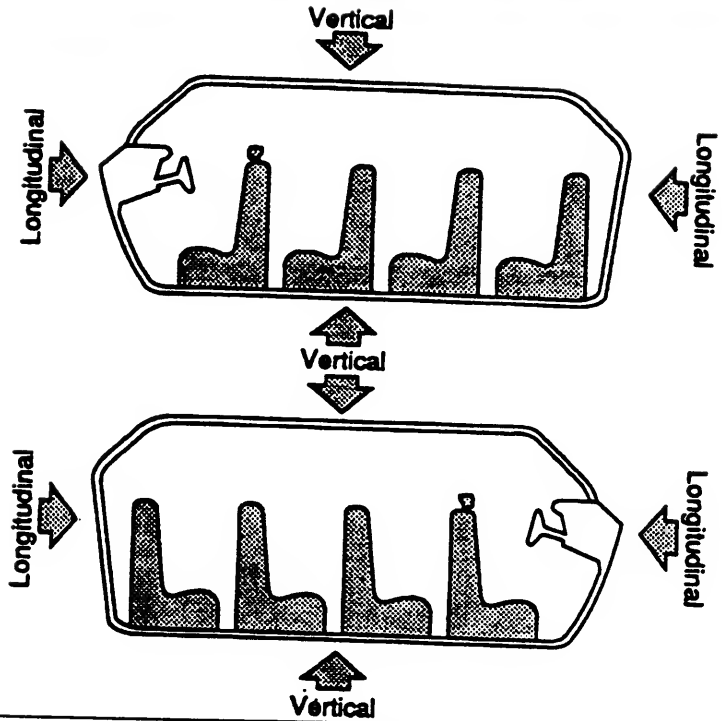
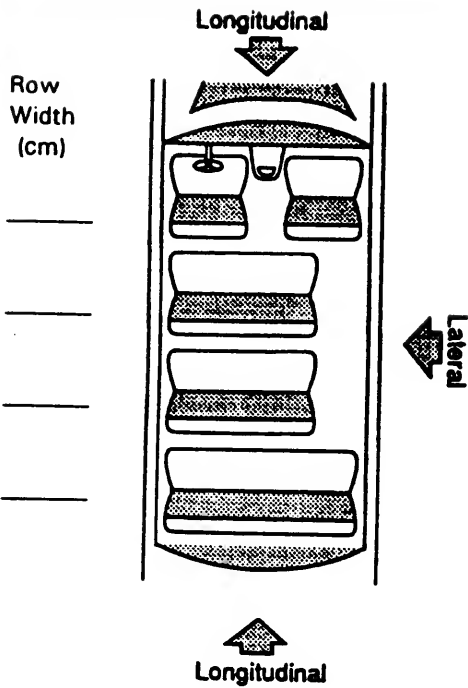
(3) Partially opened

(4) Fully opened

(9) Unknown

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			INTRUSION	DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

INTRUDING COMPONENT

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify): _____

- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

(97) Catastrophic
 (98) Other enclosed area (specify) _____

(99) Unknown

Third Seat
 (31) Left
 (32) Middle
 (33) Right

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

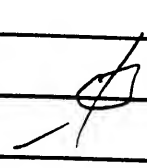
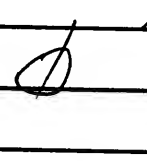
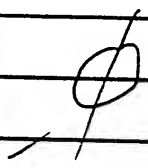
COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--



STEERING COLUMN87. Steering Column Type 1

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify):

(9) Unknown

88. Blank X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

89. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

90. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

91. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

92. Steering Rim/Spoke Deformation φ φ

- Code actual measured deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

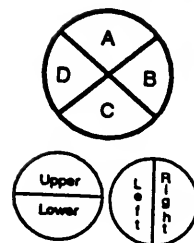
93. Location of Steering Rim/Spoke Deformation φ φ*Quarter Sections*

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke

- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

**INSTRUMENT PANEL**94. Odometer Reading φ 1 7,000

_____ kilometers—Code to the nearest 1,000 kilometers

- (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

1 φ . 8 3 φ miles X 1.6093 = 1 7 . 4 2 9 kilometers

Source: VEH. INSPECTION

95. Instrument Panel Damage from Occupant Contact? 1

- (0) No
 (1) Yes
 (9) Unknown

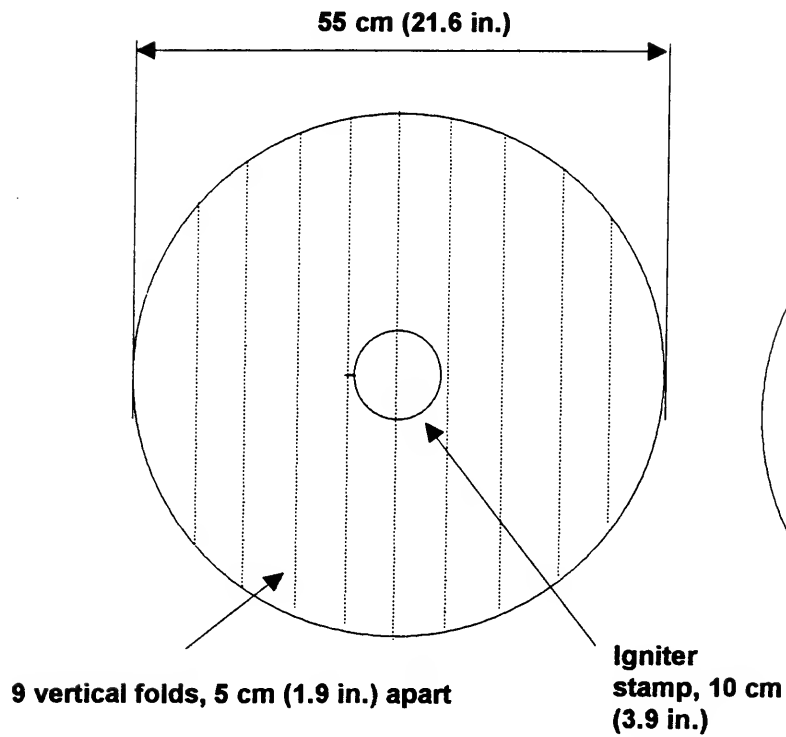
96. Knee Bolsters Deformed from Occupant Contact? 1

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

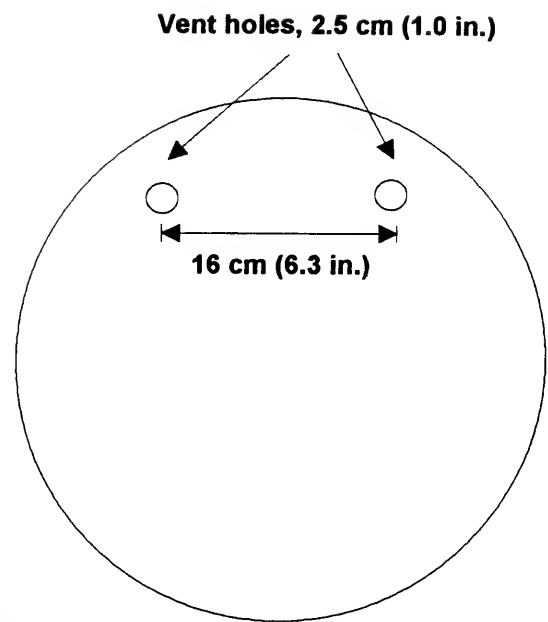
97. Did Glove Compartment Door Open During Collision(s)? 1

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

DRIVER AIRBAG

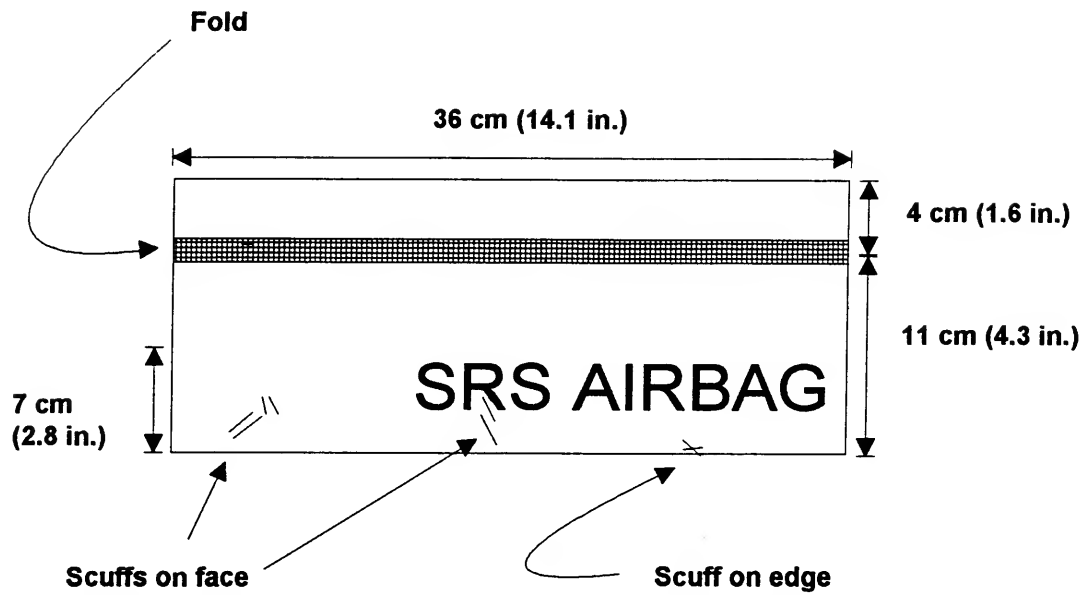


FRONT



BACK

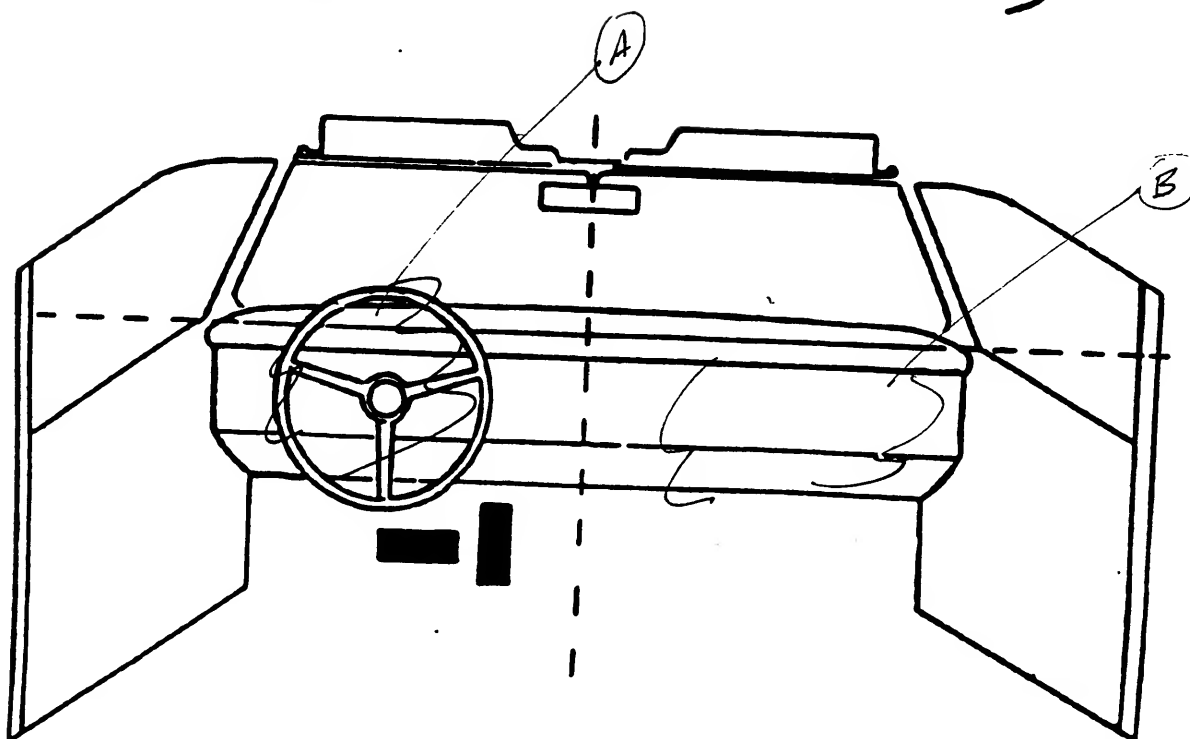
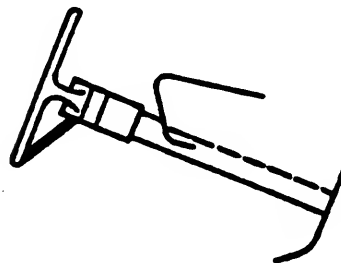
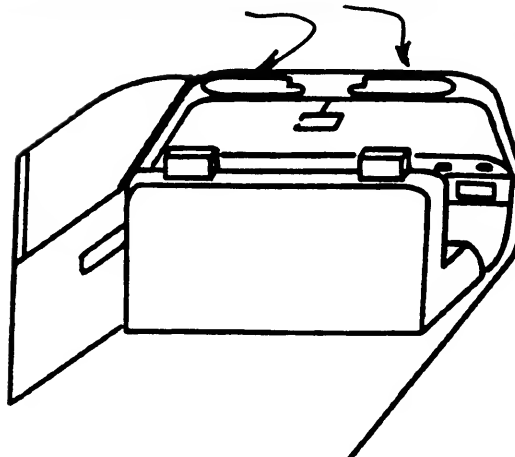
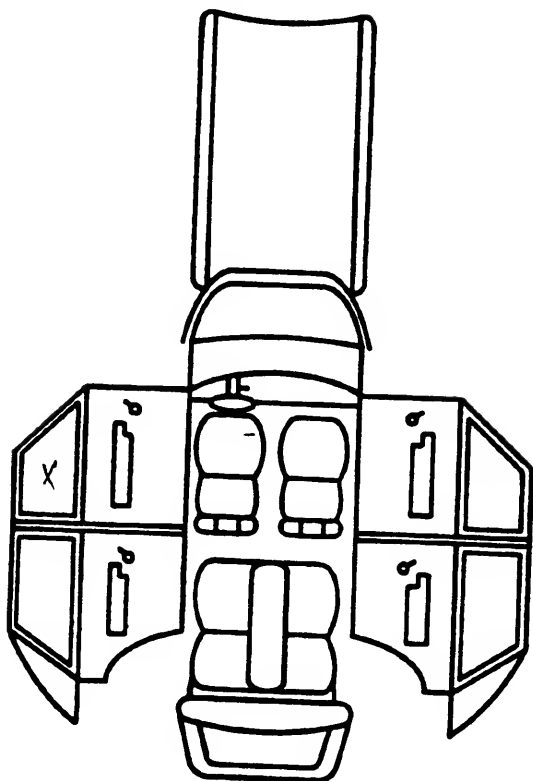
Right side airbag module cover



VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment

VISORS MISSING @ TIME OF INSPECTION



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).
 Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
 Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	45	1	?	DEPLOYED	2
B	45	-	-	CONTACT W/ CHILD SEAT	
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (23) Left B-pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

- (46) Other occupants (specify): _____

- (47) Interior loose objects
- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
F I R S T	Availability/Function		
	Deployment		
	Failure		

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled
(9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
(1) Air bag deployed during accident (as a result of impact)
(2) Air bag deployed inadvertently just prior to accident
(3) Air bag deployed, accident sequence undetermined
(4) Nondeployed
(5) Unknown if deployed
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(9) Unknown

Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function		
	Use	/	/
	Type		
	Proper Use		
	Failure Modes		

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
(9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)
(3) Automatic belt use unknown
(9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
(8) Other improper use of automatic belt system (specify): _____
(9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify): _____
(6) Broken retractor
(7) Combination of above (specify): _____
(8) Other automatic belt failure (specify): _____
(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4		4
	Evidence of usage	4		14
	Used in this crash?	4		14
	Proper Use	1		1
	Failure Modes	1		1
SECOND	Availability	4	3	4
	Evidence of usage	4	4	4
	Used in this crash?	4	4	4
	Proper Use	4	4	4
	Failure Modes	4	4	4
OTHER	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify):

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used - type unknown

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat - type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number	02					
1. Type of Child Safety Seat	1					
2. Child Safety Seat Orientation	01					
3. Child Safety Seat Harness Usage	12					
4. Child Safety Seat Shield Usage	03					
5. Child Safety Seat Tether Usage	03					
6. Child Safety Seat Make/Model		Specify Below for Each Child Safety Seat				

1. Type of Child Safety Seat
- (0) No child safety seat
 - (1) Infant seat
 - (2) Toddler seat
 - (3) Convertible seat
 - (4) Booster seat
 - (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation
- (00) No child safety seat
 - Designed for Rear Facing for This Age/Weight
 - (01) Rear facing
 - (02) Forward facing
 - (08) Other orientation (specify):

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage
- Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model
- (Specify make/model and occupant number)

CENTURY 580 SERIES

INFANT CAR SEAT



HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	/	3
	Seat Type	41		41
	Seat Performance	1		1
	Seat Orientation	1		1
SECOND	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: _____

(9) Unknown _____

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____

(10) Box mounted seat (i.e., van type) _____

(99) Unknown _____

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown _____

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

(9) Unknown _____

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [☒] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [☒] Yes []

Describe entrapment mechanism:

Component(s):

(Note in vehicle interior diagram)

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number

2. Case Number - Stratum

A B 2 3

3. Vehicle Number

4 1

4. Occupant Number

4 1

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

2 6

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

1 6 3Code actual height to the nearest
centimeter.

(999) Unknown

64 inches X 2.54 = 163 centimeters

8. Occupant's Weight

4 5 9Code actual weight to the nearest
kilogram.

(999) Unknown

134 pounds X .4536 = 60.9 kilograms

9. Occupant's Role

1

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position

1 1

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

4

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

BEST AVAILABLE COPY

EJECTION/ENTRAPMENT

12. Ejection φ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area φ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium φ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) φ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment φ

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

<p>17. Manual (Active) Belt System Availability <u>4</u></p> <p>(0) None available</p> <p>(1) Belt removed/destroyed</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed)</p> <p>(7) Lap belt (shoulder belt destroyed/removed)</p> <p>(8) Other belt (specify): _____</p> <p>(9) Unknown _____</p>	<p>21. Air Bag System Availability/Function <u>1</u></p> <p>(0) Not equipped/not available</p> <p>(1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____</p> <p>(3) Air bag not reinstalled _____</p> <p>(9) Unknown _____</p>
<p>18. Manual (Active) Belt System Use <u>4 4</u></p> <p>(00) None used, not available, or belt removed/destroyed</p> <p>(01) Inoperative (specify): _____</p> <p>(02) Shoulder belt _____</p> <p>(03) Lap belt _____</p> <p>(04) Lap and shoulder belt _____</p> <p>(05) Belt used—type unknown _____</p> <p>(08) Other belt used (specify): _____</p> <p>(12) Shoulder belt used with child safety seat _____</p> <p>(13) Lap belt used with child safety seat _____</p> <p>(14) Lap and shoulder belt used with child safety seat _____</p> <p>(15) Belt used with child safety seat—type unknown _____</p> <p>(18) Other belt used with child safety seat (specify): _____</p> <p>(99) Unknown if belt used _____</p>	<p>22. Air Bag System Deployment <u>1</u></p> <p>(0) Not equipped/not available</p> <p>(1) Air bag deployed during accident (as a result of impact)</p> <p>(2) Air bag deployed inadvertently just prior to accident</p> <p>(3) Air bag deployed, accident sequence undetermined</p> <p>(4) Nondeployed</p> <p>(5) Unknown if deployed</p> <p>(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</p> <p>(9) Unknown _____</p>
<p>19. Proper Use of Manual (Active) Belts <u>1</u></p> <p>(0) None used or not available</p> <p>(1) Belt used properly</p> <p>(2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm</p> <p>(4) Shoulder belt worn behind back or seat</p> <p>(5) Belt worn around more than one person</p> <p>(6) Lap belt worn on abdomen</p> <p>(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of manual belt system (specify): _____</p> <p>(9) Unknown _____</p>	<p>23. Are There Indications of Air Bag System Failure? <u>1</u></p> <p>(0) Not equipped/not available</p> <p>(1) No</p> <p>(2) Yes (specify): _____</p> <p>(9) Unknown _____</p>
<p>20. Manual (Active) Belt Failure Modes During Accident <u>1</u></p> <p>(0) No manual belt used</p> <p>(1) No manual belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor _____</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____</p> <p>(9) Unknown _____</p>	<p>Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts</p> <p>24. Police Reported Restraint Use <u>7</u></p> <p>(0) None used</p> <p>(1) Police did not indicate restraint use</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt used, type not specified</p> <p>(6) Child safety seat</p> <p>(7) Other or automatic restraint (specify): <u>AIRBAG DEPLOYED</u></p> <p>(8) Restrained, type unknown</p> <p>(9) Police indicated "unknown"</p>

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position)

0 1

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position)

1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

<p>28. Child Safety Seat Make/Model <u> φ φ φ </u> (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): _____ (998) Unknown make/model (999) Unknown if child safety seat used</p> <p>29. Type of Child Safety Seat <u> φ </u> (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): _____ (8) Unknown child safety seat type (9) Unknown if child safety seat used</p>	<p>31. Child Safety Seat Harness Usage <u> φ φ </u></p> <p>32. Child Safety Seat Shield Usage <u> φ φ </u></p> <p>33. Child Safety Seat Tether Usage <u> φ φ </u></p> <p>Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat</p> <p><i>Not Designed With Harness/Shield/Tether</i> (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p><i>Designed With Harness/Shield/Tether</i> (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p> <p><i>Unknown If Designed With Harness/Shield/Tether</i> (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p>
<p>30. Child Safety Seat Orientation <u> φ φ </u> (00) No child safety seat</p> <p><i>Designed for Rear Facing for This Age/Weight</i> (01) Rear facing (02) Forward facing (08) Other orientation (specify): _____ (09) Unknown orientation</p> <p><i>Designed For Forward Facing for This Age/Weight</i> (11) Rear facing (12) Forward facing (18) Other orientation (specify): _____ (19) Unknown orientation</p> <p><i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i> (21) Rear facing (22) Forward facing (28) Other orientation (specify): _____ (29) Unknown orientation</p> <p>(99) Unknown if child safety seat used</p>	

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 1

- (0) O - No injury
(1) C - Possible injury
(2) B - Nonincapacitating injury
(3) A - Incapacitating injury
(4) K - Killed
(5) U - Injury, severity unknown
(6) Died prior to accident
(9) Unknown

35. Treatment - Mortality 4

- (0) No treatment
(1) Fatal
(2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
(4) Transported and released
(5) Treatment at scene - nontransported
(6) Treatment later
(8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
(1) Trauma center
(2) Hospital
(3) Medical clinic
(4) Physician's office
(5) Treatment later at medical facility
(8) Other (specify):

(9) Unknown

37. Hospital Stay 0 0

(00) Not Hospitalized

Code the number of days (up through 60)
that the occupant stayed in hospital.

- (61) 61 days or more
(99) Unknown

38. Working Days Lost 9 9

Code the number of days
(up through 60) that the occupant
lost from work due to the accident
(00) No working days lost
(61) 61 days or more
(62) Fatally injured
(97) Not working prior to accident
(99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE
COMPLETED BY THE ZONE CENTER**39. Time to Death 0 0

Code number of hours from time of
accident to time of death up through 24
hours. If time of death is greater than 24
hours, code number of days. (Note: 1 day =
31, 2 days = 32, ... n days = 30 + n up
through 30 days = 60)
(00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

40. 1st Medically Reported Cause of Death 0 041. 2nd Medically Reported Cause of Death 0 042. 3rd Medically Reported Cause of Death 0 0

Code the Occupant Injury from line
number(s) for the medically reported
injury(s) which reportedly contributed to
this occupant's death
(00) Not fatal or no additional causes
(96) Mode of death given but specific
injuries are not linked to cause
of death. (specify):

(97) Other result (includes fatal ruled
disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for
This Occupant 0 1

Code the actual number of
injuries recorded for this occupant.
(00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/Function φ
- (0) Not equipped/not available
 - (1) 2 point automatic belts
 - (2) 3 point automatic belts
 - (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use φ
- (0) Not equipped/not available/destroyed or rendered inoperative
 - (1) Automatic belt in use
 - (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
 - (3) Automatic belt use unknown
 - (9) Unknown

46. Automatic (Passive) Belt System Type φ
- (0) Not equipped/not available
 - (1) Non-motorized system
 - (2) Motorized system
 - (9) Unknown

47. Proper Use of Automatic (Passive) Belt System φ
- (0) Not equipped/not available/not used
 - (1) Automatic belt used properly
 - (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident φ
- (0) Not equipped/not available/not in use
 - (1) No automatic belt failure(s)
 - (2) Torn webbing (stretched webbing not included)
 - (3) Broken buckle or latchplate
 - (4) Upper anchorage separated
 - (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

49. Seat Orientation (this Occupant Position) 1
- (0) Occupant not seated or no seat
 - (1) Forward facing seat
 - (2) Rear facing seat
 - (3) Side facing seat (inward)
 - (4) Side facing seat (outward)
 - (8) Other (specify): _____
 - (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
- [✓] Vehicle inspection
- [] Official injury data
- [] Driver/occupant interview
- [] Other (specify): _____

- [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES []

UPDATE CANDIDATE?

NO [] YES []

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER**TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 9 7
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured
51. Was the Occupant Given Blood? 9
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO_3 9 7
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used

National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

3. Vehicle Number

01

2. Case Number - Stratum

AB 2 3

4. Occupant Number

01

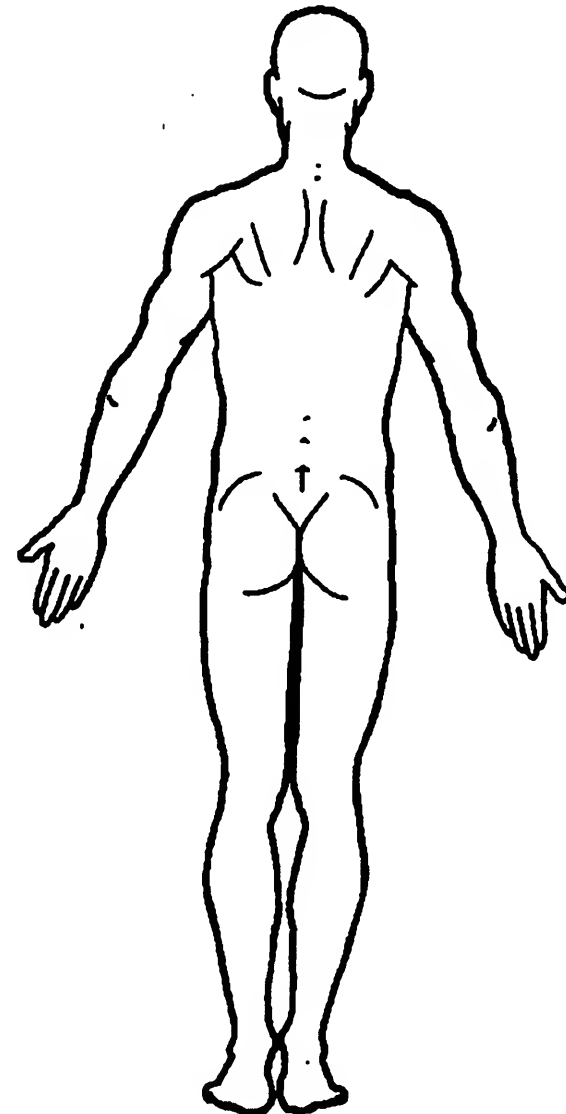
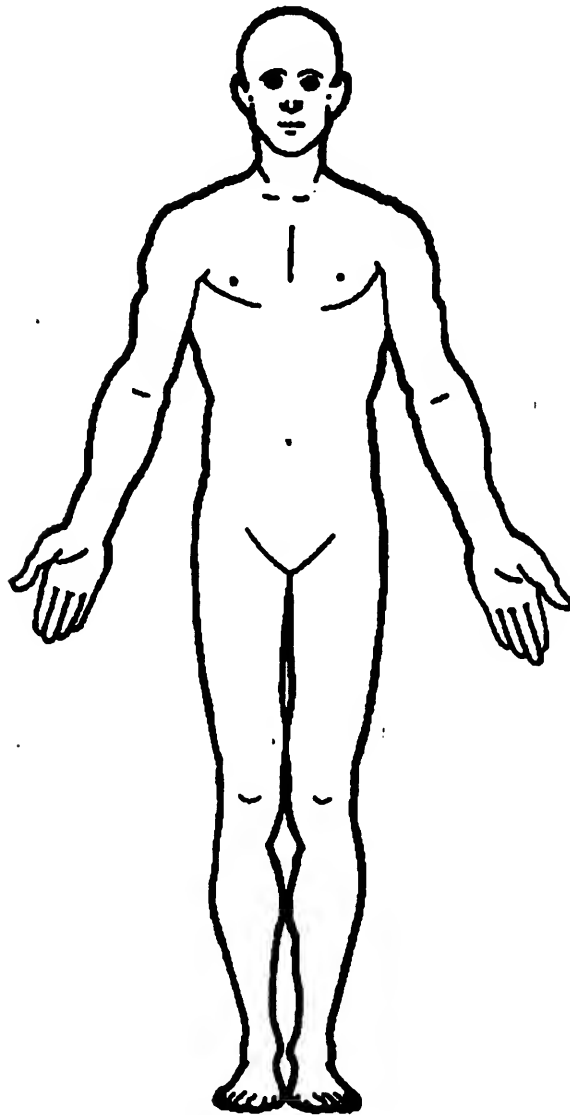
INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90			Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	ICD-9	
			Specific Anatomic Structure	Level of Injury	A.I.S. Severity						
5. <u>7</u>	6. <u>7</u>	7. <u>5</u>	8. <u>20</u>	9. <u>02</u>	10. <u>2</u>	11. <u>2</u>	12. <u>16</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>	<u>814.0</u>
16. <u> </u>	17. <u> </u>	18. <u> </u>	19. <u> </u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>	26. <u> </u>	
27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>	
38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>	
49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>	
60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	
71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	
82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	
93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	
104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>	

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol Level
(mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

Arterial Blood Gases

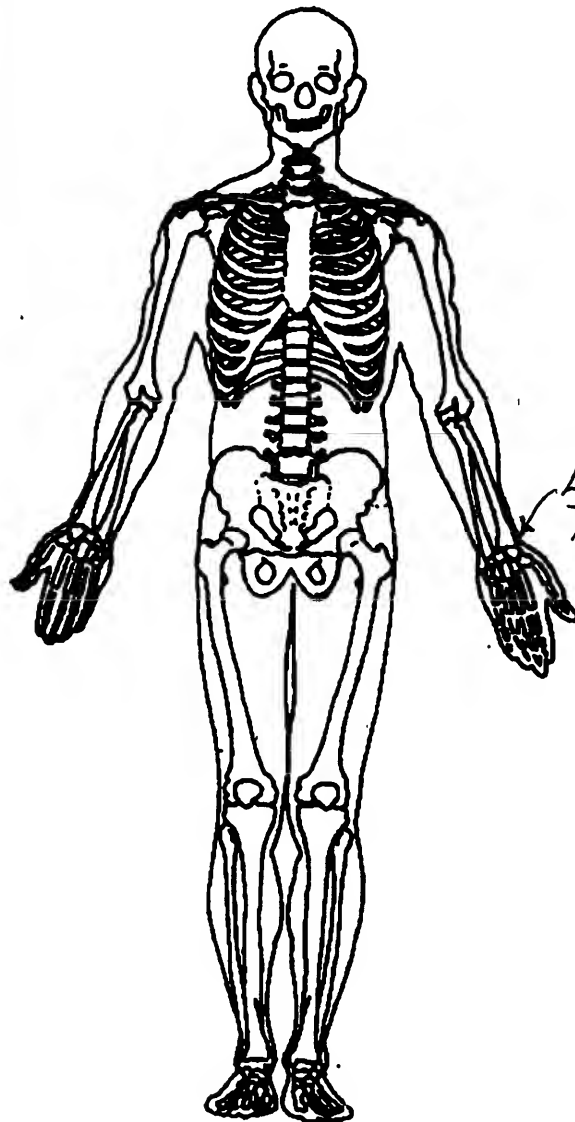
pH = ___

PO₂ = ___

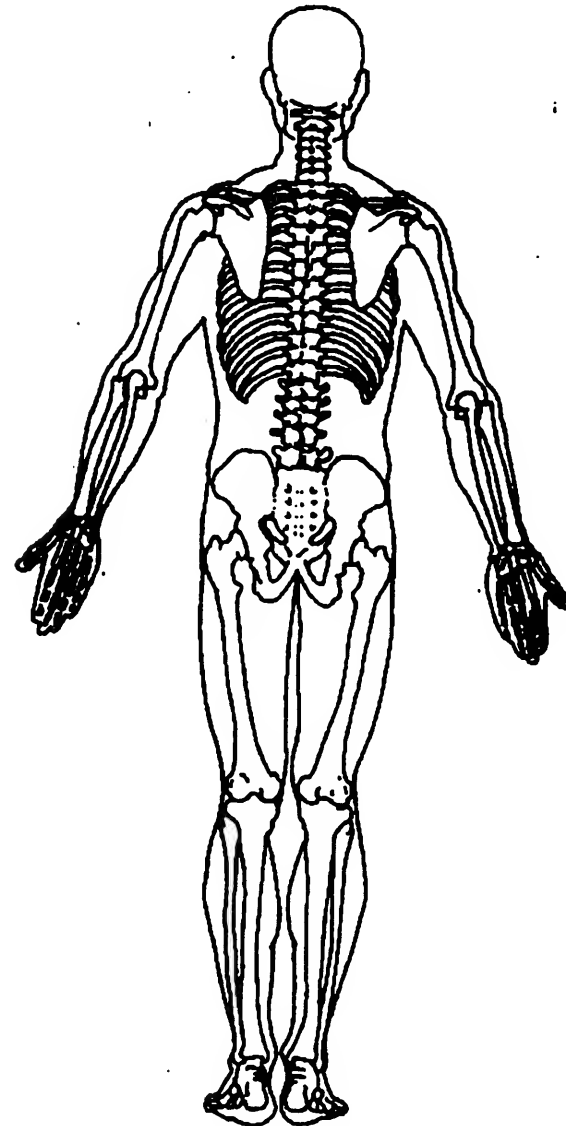
PCO₂ = ___

HCO₃ = ___

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

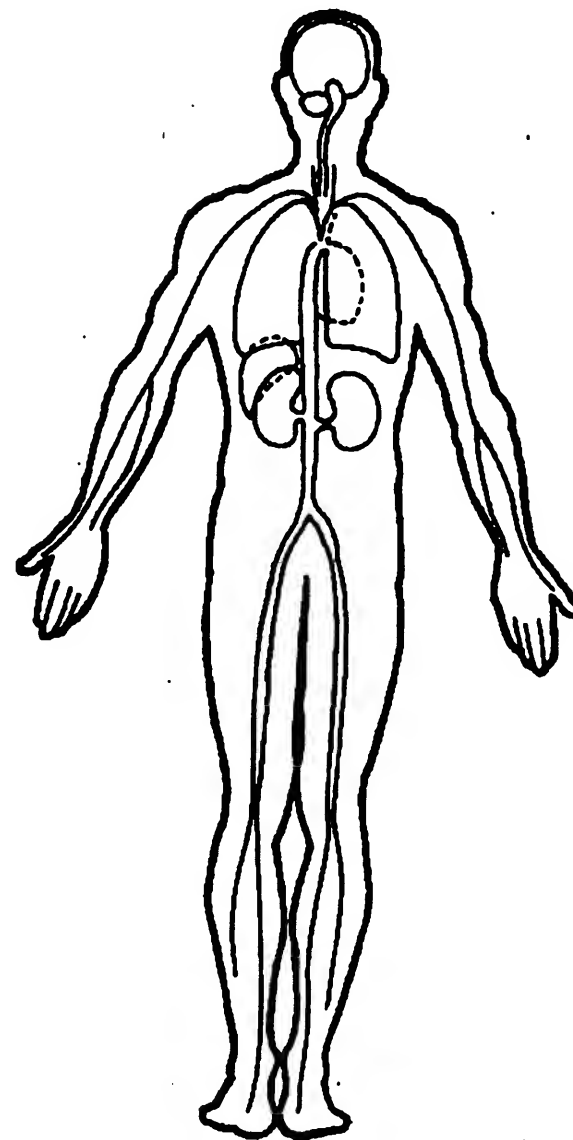
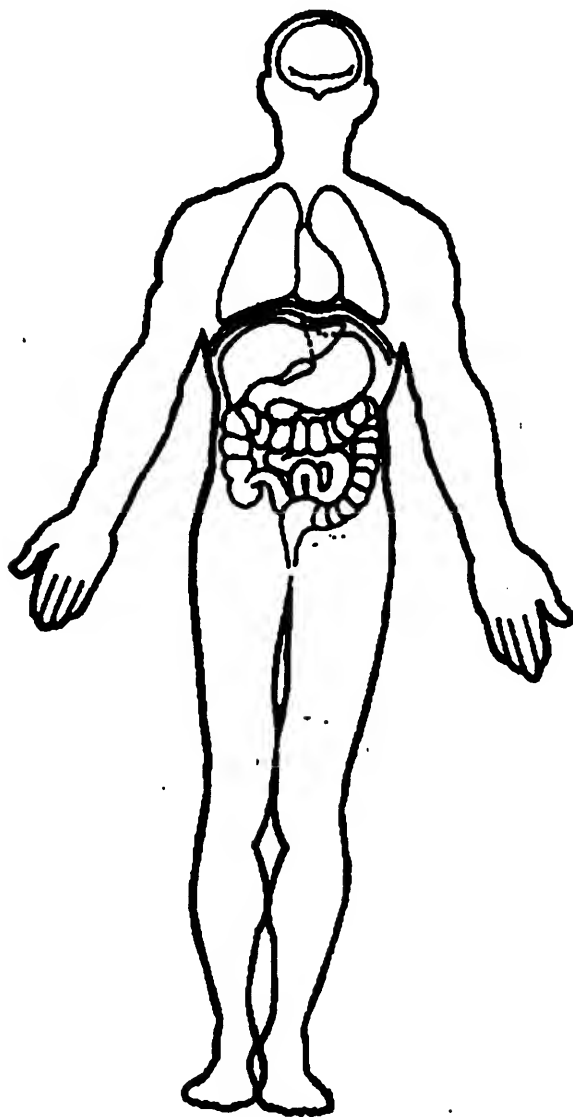


FRACTURE,
LEFT WRIST
AIR BAG COVER



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital/ medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____

- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____
- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure

Whole Area

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones

Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

A B 2 3

3. Vehicle Number

4 1

4. Occupant Number

4 2

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

4 4

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

4 5 1

Code actual height to the nearest
centimeter.

(999) Unknown

20 inches X 2.54 = 4 5 1 centimeters

8. Occupant's Weight

4 4 6

Code actual weight to the nearest
kilogram.

(999) Unknown

4 1 3 pounds X .4536 = 4 4 6 kilograms

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

1 3

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

4

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

BEST AVAILABLE COPY

EJECTION/ENTRAPMENT

12. Ejection 4

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 4

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 4

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 4

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 4

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 1 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts 2

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function 1

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 1

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 1

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 6

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown

(9) Police indicated "unknown"

IMPROPER USE

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position 3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown _____

26. Seat Type (this Occupant Position) 4 1

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 1 2 1

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

580
CENTURY

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat 1

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation Φ 1

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 1 232. Child Safety Seat Shield Usage Φ 333. Child Safety Seat Tether Usage Φ 3Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):
- (9) Unknown

37. Hospital Stay

(00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital

- (61) 61 days or more
- (99) Unknown

6
ADDITIONAL
DAYS
AFTER RELEASE -

38. Working Days Lost 97

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 00

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant 05

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM44. Automatic (Passive) Belt System Availability/Function φ

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use φ

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type φ

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System φ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident φ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

49. Seat Orientation (this Occupant Position) /

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
- [☒] Vehicle inspection
- [] Official injury data
- [] Driver/occupant interview
- [] Other (specify): _____

[] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES [☒]

UPDATE CANDIDATE?

NO [☒] YES []

**STOP - VARIABLES 50 THROUGH 53 ARE
COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 12
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the
initial GCS Score recorded at medical
facility.
(97) Injured, details unknown
(99) Unknown if injured

51. Was the Occupant Given Blood? 1
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO_3 99
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed
or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used

→ PHYSICIAN NOTED THAT
THIS WAS A CHILD

National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

3. Vehicle Number

01

2. Case Number - Stratum

AR 23

4. Occupant Number

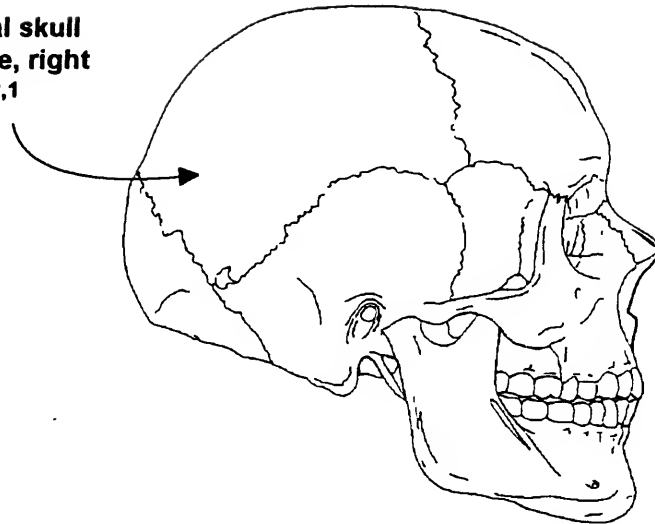
02

INJURY DATA

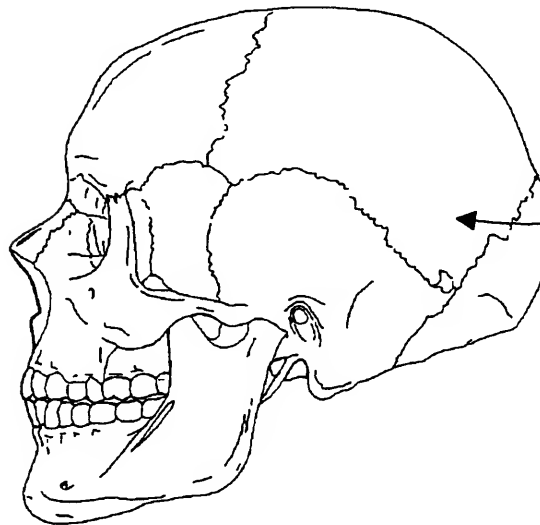
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

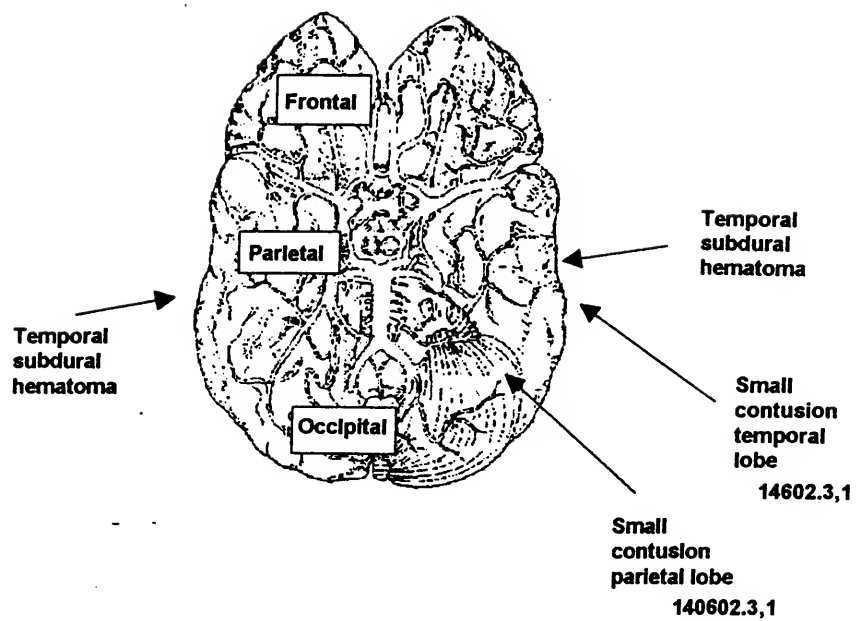
Source of Injury Data	A.I.S. - 90						Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	ICD-9	
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect						
1st	5. <u>2</u>	6. <u>1</u>	7. <u>4</u>	8. <u>06</u>	9. <u>54</u>	10. <u>5</u>	11. <u>3</u>	12. <u>48</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>	<u>852.2</u>
2nd	16. <u>2</u>	17. <u>1</u>	18. <u>4</u>	19. <u>06</u>	20. <u>02</u>	21. <u>3</u>	22. <u>1</u>	23. <u>48</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>	<u>851.0</u>
3rd	27. <u>2</u>	28. <u>1</u>	29. <u>4</u>	30. <u>06</u>	31. <u>02</u>	32. <u>3</u>	33. <u>1</u>	34. <u>48</u>	35. <u>2</u>	36. <u>1</u>	37. <u>00</u>	<u>851.0</u>
4th	38. <u>2</u>	39. <u>1</u>	40. <u>5</u>	41. <u>04</u>	42. <u>02</u>	43. <u>2</u>	44. <u>2</u>	45. <u>48</u>	46. <u>2</u>	47. <u>1</u>	48. <u>00</u>	<u>800.20</u>
5th	49. <u>2</u>	50. <u>1</u>	51. <u>5</u>	52. <u>04</u>	53. <u>02</u>	54. <u>2</u>	55. <u>1</u>	56. <u>48</u>	57. <u>2</u>	58. <u>1</u>	59. <u>00</u>	<u>800.20</u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>	

**Parietal skull
fracture, right**
150402.2,1



**Parietal skull
fracture, left**
150402.2,2

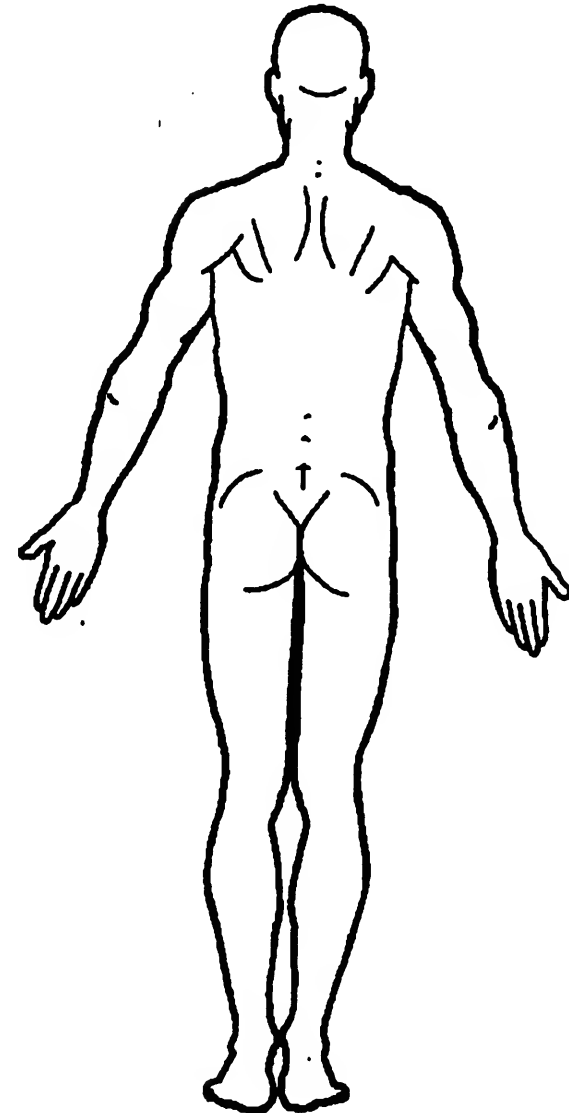
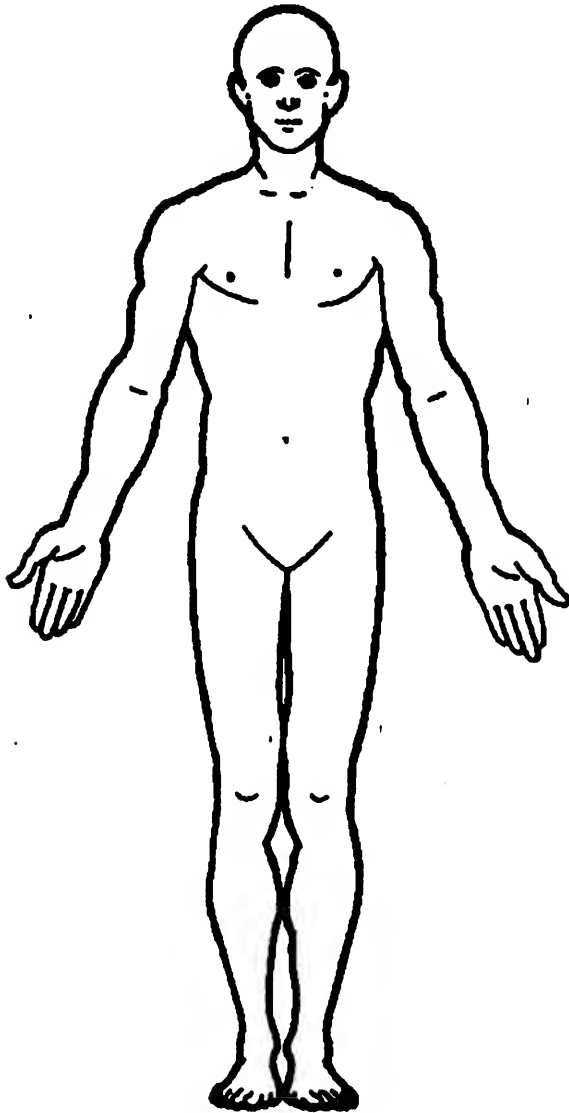




**4 left and 1 right side parietal
3-8 mm foci, possibly related to
contusions or shear injuries**

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol Level
(mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

Arterial Blood Gases

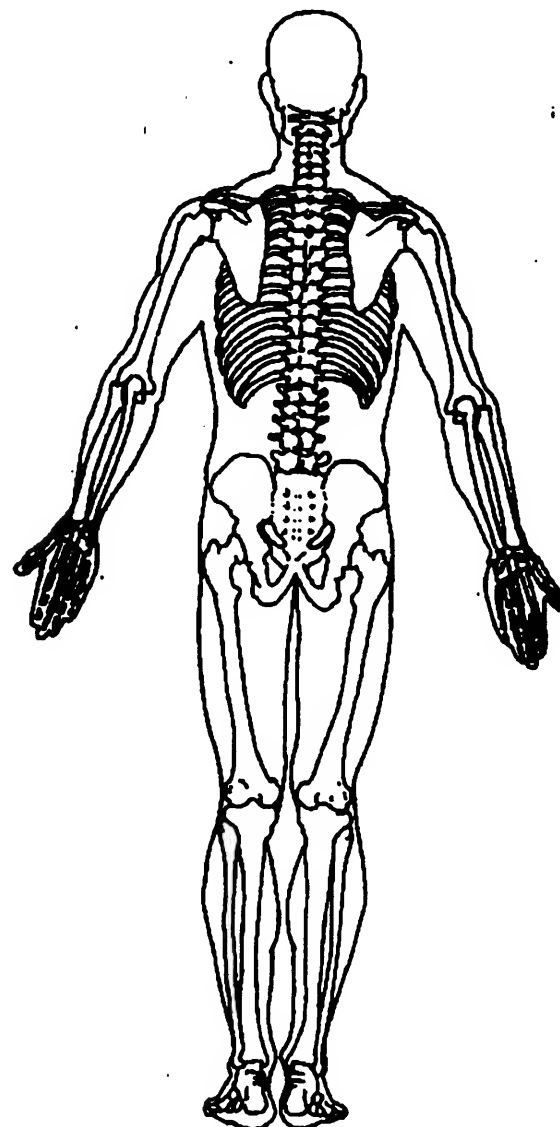
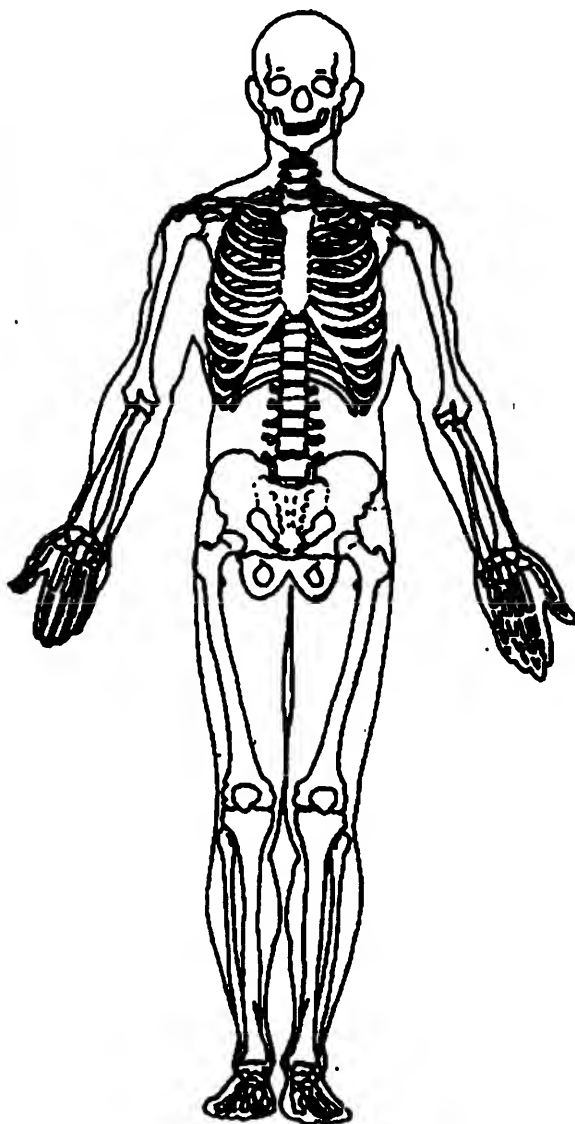
pH = ___

PO₂ = ___

PCO₂ = ___

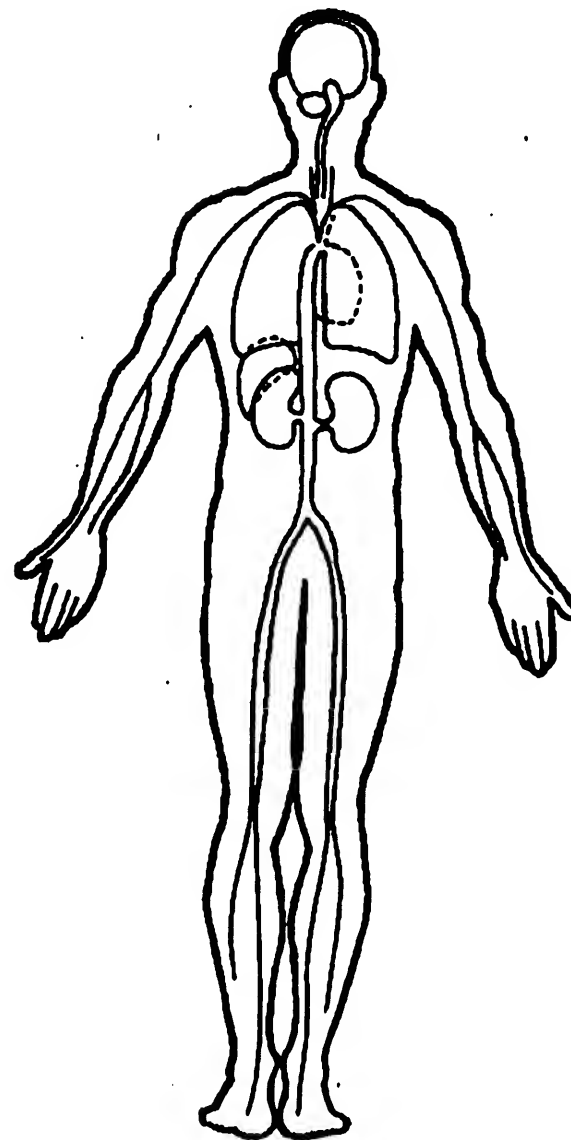
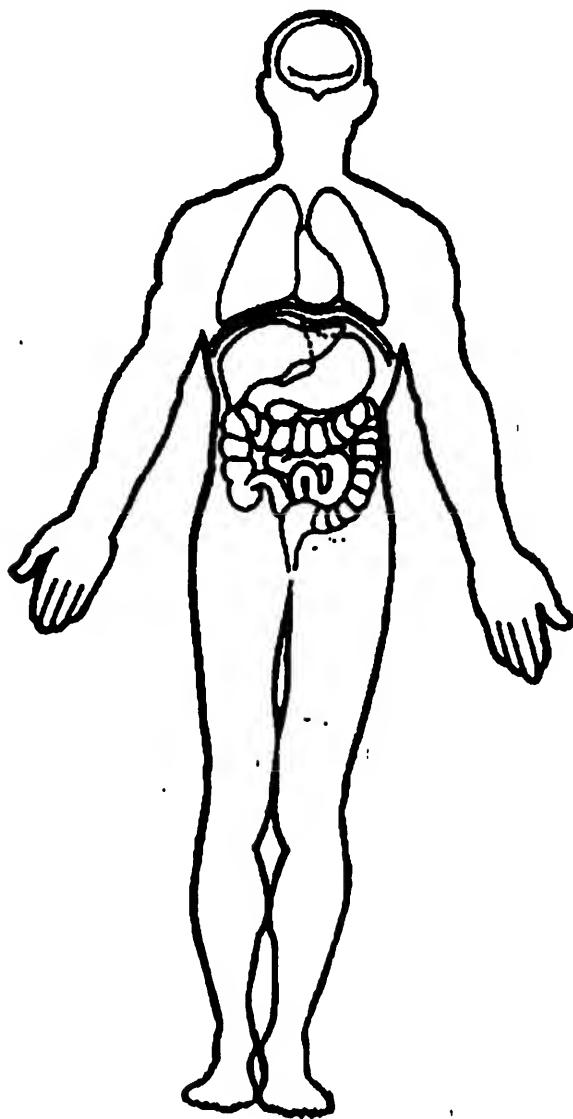
HCO₃ = ___

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood

- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface

- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____
- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure

- Whole Area
- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones,
Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any Injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

1. Primary Sampling Unit Number

2. Case Number - Stratum

AB 23

3. Vehicle Number

02

VEHICLE IDENTIFICATION

4. Vehicle Model Year

81Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

CHEVROLET20Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

MALIBU001Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

7. Body Type

04Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

9999999999999999
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition

0(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

10. Police Reported Travel Speed

069Code to the nearest kph (NOTE: 000 means
less than 0.5 kph)
(160) 159.5 kph and above
(999) Unknown43 mph X 1.6093 = 069 kph

11. Police Reported Alcohol Presence

0(0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) Unknown

Note: See variables 37 through 55

(Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver

96Code actual value (decimal implied
before first digit—0.xx)(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) UnknownSource: PAR

ACCIDENT RELATED

13. Speed Limit

000

(000) No statutory limit

Code posted or statutory speed limit
in kph

(999) Unknown

 mph X 1.6093 = kph

14. Attempted Avoidance Maneuver

09(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):

(99) Unknown

15. Accident Type

50Applicable codes may be found on the
back of page two of this field form

(00) No impact

Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):

(99) Unknown

**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500,)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR $\leq 8,850$ kgs)
- (62) Single unit straight truck ($8,850$ kgs $<$ GVWR $\leq 12,000$ kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 0 2
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 0 2

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 1 4 8 0
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
3 2 5 8 lbs X .4536 = 1 4 7 8 kgs
 Source: [REDACTED]
20. Vehicle Cargo Weight 9 9 9 0
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
 lbs X .4536 = kgs

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle 0
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted < 45 degrees
 (4) Tilted ≥ 45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):
 (9) Unknown

24. Rollover

(0) No rollover (no overturning) 0*Rollover (primarily about the longitudinal axis)*

- (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):

(5) Rollover--end-over-end (i.e., primarily about the lateral axis)

(9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 126. Rear Override/Underride (this Vehicle) 0

(0) No override/underride, or not an end-to-end impact

Override (see specific CDC)

- (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

Underride (see specific CDC)

- (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

27. Heading Angle For This Vehicle 2 0 028. Heading Angle For Other Vehicle 0 2 0

Category	Configuration	ACCIDENT TYPES (Includes Intent)				BEST AVAILABLE COPY	
I. Single Driver	A. Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN	
	B. Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN	
	C. Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
II. Same Trafficway Same Direction	D. Rear-End	20 STOPPED 21, 22, 23	22 21 23 SLOWER 25, 26, 27	24 25 26 27 28 DECEL. 29, 30, 31	29 30 31 (EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN	
	E. Forward Impact	34 CONTROL/ TRACTION LOSS	35 CONTROL/ TRACTION LOSS	36 CONTROL/ TRACTION LOSS	37 AVOID COLLISION WITH VEH.	38 AVOID COLLISION WITH OBJECT	39 (EACH • 42) (EACH • 43) SPECIFICS OTHER SPECIFICS UNKNOWN
	F. Sideswipe Angle	44 45	46 45 47		(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	
III. Same Trafficway Opposite Direction	G. Head-On	50 51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN			
	H. Forward Impact	54 CONTROL/ TRACTION LOSS	55 CONTROL/ TRACTION LOSS	56 CONTROL/ TRACTION LOSS	57 AVOID COLLISION WITH VEH.	58 AVOID COLLISION WITH OBJECT	59 (EACH • 62) (EACH • 63) SPECIFICS OTHER SPECIFICS UNKNOWN
	I. Sideswipe Angle	64 65 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN			
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	68 69 INITIAL OPPOSITE DIRECTIONS	70 71 INITIAL SAME DIRECTIONS	72 73	(EACH • 74) (EACH • 75) SPECIFICS OTHER SPECIFICS UNKNOWN		
	K. Turn Into Path	76 77 TURN INTO SAME DIRECTION	78 79	80 81 TURN INTO OPPOSITE DIRECTIONS	82 83 SPECIFICS OTHER SPECIFICS UNKNOWN	(EACH • 84) (EACH • 85)	
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	86 87	88 89	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN		
VI. Miscellaneous	M. Backing Etc.	92 BACKING VEH.	93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact			

29. Basis for Total Delta V (highest)

5*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

Highest

32. Lateral Component of Delta V + - 9 9 9 Nearest kph (highest) Nearest kph (secondary)

(NOTE: 000 means greater than
-0.5 kph and less than +0.5 kph)
(± 160) ± 159.5 kph and above
(999) Unknown

33. Energy Absorption 9 9 9 9 0 0 Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

COMPUTER GENERATED DELTA V

30. Total Delta V

Highest

9 9 9 Nearest kph (highest) Nearest kph (secondary)

(NOTE: 000 means less than
0.5 kph)
(160) 159.5 kph and above
(999) Unknown

31. Longitudinal Component of Delta V

+ - 9 9 9 Nearest kph (highest) Nearest kph (secondary)

(NOTE: 000 means greater than
-0.5 kph and less than +0.5 kph)
(± 160) ± 159.5 kph and above
(999) Unknown

34. Confidence In Reconstruction Program Results (For Highest Delta V)

- (0) No reconstruction ϕ
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection

- (0) No inspection 2
- (1) Complete inspection
- (2) Partial inspection (specify):
PHOTOS ONLY

36. Is this an AOPS Vehicle?

- (0) No ϕ
- (1) Yes - researcher determined
- (2) VIN determined air bag system
- (3) VIN determined automatic (passive) belts
- (4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [☒] YES [] NOIF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [☒] YES [] NO

37. Police Reported Other Drug Presence φ

- (0) No other drug(s) present
- (1) Yes [other drug(s) present]
- (7) Not reported
- (8) No driver present
- (9) Unknown

DRUG EVALUATION CLASSIFICATION
OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>φ</u>	41. <u>φ</u>
Depressant Drug	42. <u>φ</u>	43. <u>φ</u>
Stimulant Drug	44. <u>φ</u>	45. <u>φ</u>
Hallucinogen Drug	46. <u>φ</u>	47. <u>φ</u>
Cannabinoid Drug	48. <u>φ</u>	49. <u>φ</u>
Phencyclidine (PCP)	50. <u>φ</u>	51. <u>φ</u>
Inhalant Drug	52. <u>φ</u>	53. <u>φ</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>φ</u>	55. <u>φ</u>

Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver φ

- (0) No DEC process available or given
- (1) DEC process given, results known
- (2) DEC process given, results unknown
- (3) DEC process available, unknown if given
- (8) No driver present

39. Other Drug Specimen Test Type For Driver φ

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify): _____
- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
- (33) Jackknife

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____

- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object

- (98) Other event (specify): _____

- (99) Unknown event or object

OTHER DATA

56. Driver's Zip Code

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify):
 (9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Fire truck or car
 (8) Other (specify):
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) \neq 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type (specify):
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted

 ϕ ϕ

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

 ϕ

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):

(8) Non-contact rollover forces (specify):

(9) Unknown

63. Direction of Initial Roll

 ϕ

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

1 3

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify):
 (98) No driver present
 (99) Unknown

PRECRASH DATA (Continued)

65. Critical Precrash Event

9 8*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off)
(specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.)
(specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed
(i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle
in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left
lane line
- (61) From adjacent lane (same direction)—over right
lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same
direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite
direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details
unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway
(specify): _____
- (84) Pedalcyclist or other nonmotorist approaching
roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown
location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location

(98) Other critical precrash event (specify):

(99) TRAVEL ON WRONG SIDE ROADWAYFor Corrective Actions Attempted see variable GV14
(Attempted Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver

2

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30
degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of
Avoidance Maneuver (Corrective Action)1

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance
maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane
where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left
travel lane where avoidance maneuver was
initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE

a. Rotation physically restricted b. Tire deflated

RF 2
LF 1
RR 2
LR 2

RF 2
LF 2
RR 2
LR 2

(1) Yes (2) No (8) NA (9) Unk.

TYPE OF TRANSMISSION

☐ Manual ☐ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase (108.3) 275 cm
Overall Length (147.5) 489 cm
Maximum Width (77.1) 184 cm
Curb Weight 3250 1479 kg
Average Track _____ cm
Front Overhang 90 cm
Rear Overhang 124 cm
Undeformed End Width N/A cm
Engine Size: cyl./displ. N/A L

WHEEL STEER ANGLES
(For locked front wheels or displaced rear axles only)

RF \pm $\approx -10/30$ °
LF \pm _____ °
RR \pm _____ °
LR \pm _____ °

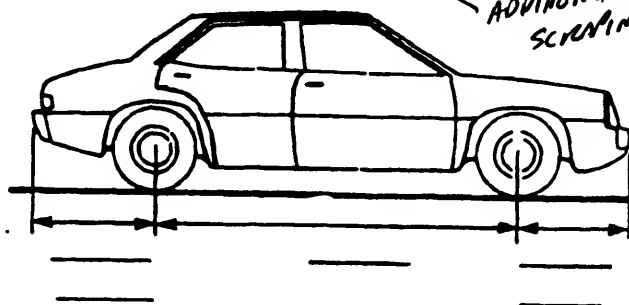
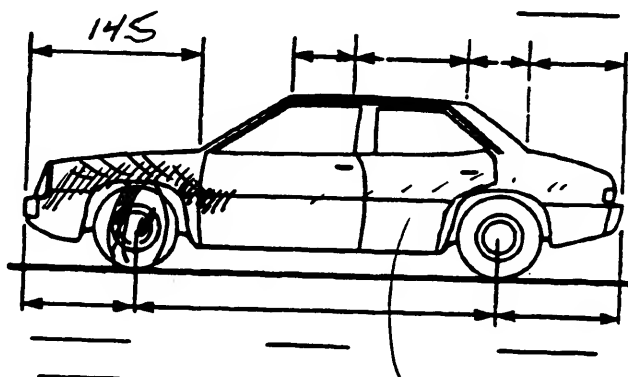
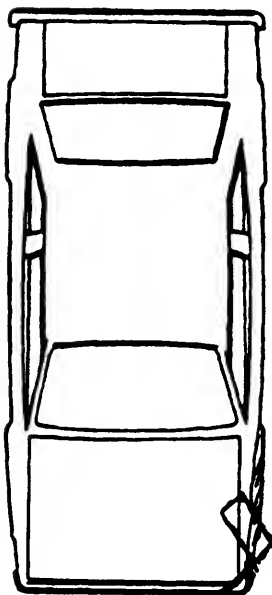
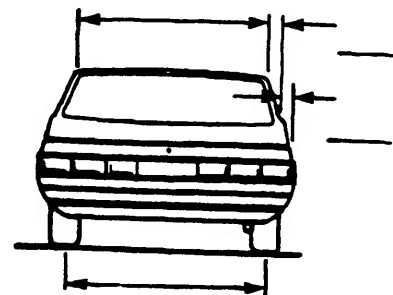
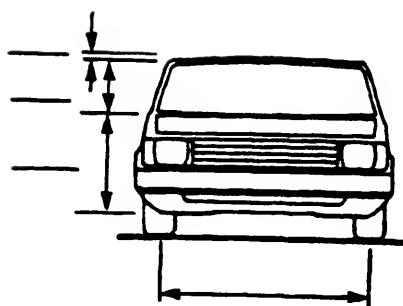
Within \pm 5 degrees

DRIVE WHEELS

☐ FWD ☒ RWD ☐ 4WD

Approximate Cargo Weight UNK kg

MEASUREMENTS IN CENTIMETERS



ADDITIONAL LIGHT
SCREENING PER
INTERVIEW

NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CODES FOR OBJECT CONTACTED

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>φ 1</u>	5. <u>φ 1</u>	6. <u>1 2</u>	7. <u>F</u>	8. <u>L</u>	9. <u>E</u>	10. <u>E</u>	11. <u>φ 6</u>

Second Highest Delta "V"

12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>± D</u>
_____	_____	_____	_____	_____	_____	_____	_____

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>± D</u>
_____	_____	_____	_____	_____	_____	_____	_____

26. Are CDCs Documented
but Not Coded on The
Automated File? φ
(0) No
(1) Yes

27. Researcher's Assessment
of Vehicle Disposition 1
(0) Not towed due to
vehicle damage
(1) Towed due to
vehicle damage
(9) Unknown

28. Original Wheelbase 275
Code to the
nearest centimeter
(999) Unknown

1 φ 8 . 3 inches X 2.54 = 275 centimeters

29. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle?

φ

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

- (9) Unknown if vehicle is modified

30. Fire Occurrence

φ

- (0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

31. Origin of Fire

φ

- (0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

- (9) Unknown

32. Type of Fuel Tank-1

1

33. Type of Fuel Tank-2

φ

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

34. Fuel Tank-1 Location

1

35. Fuel Tank-2 Location

φ

- (0) No fuel tank
(1) Aft of center of the rear wheels (rear axle)
centered
(2) Aft of center of the rear wheels (rear axle) left
side
(3) Aft of center of the rear wheels (rear axle)
right side
(4) Forward of center of the rear wheels (rear
axle) centered
(5) Forward of center of the rear wheels (rear
axle) left side
(6) Forward of center of the rear wheels (rear
axle) right side
(7) Over center of the rear wheels (rear axle)
(8) Other (specify): _____

- (9) Unknown

36. Fuel Tank-1 Filler Cap Location

2

37. Fuel Tank-2 Filler Cap Location

φ

- (0) No fuel tank
(1) On back plane
(2) Aft of center of the rear wheels (rear axle) on
left side plane
(3) Aft of center of the rear wheels (rear axle) on
right side plane
(4) Forward of center of the rear wheels (rear
axle) on left side plane
(5) Forward of center of the rear wheels (rear
axle) on right side plane
(6) Over the center of the rear wheels (rear axle)
on left side plane
(7) Over the center of the rear wheels (rear axle)
on right side plane
(8) Other (specify): _____
(9) Unknown

38. Fuel Tank-1 Damage

1

39. Fuel Tank-2 Damage

φ

- (0) No fuel tank
(1) No damage to fuel tank
(2) Deformed, no seam failure
(3) Deformed, with a seam failure
(4) Punctured
(5) Lacerated (ripped)
(6) Abraded (scraped)
(7) Filler neck separation from the fuel tank
(8) Other damage (specify): _____

- (9) Unknown

40. Location of Fuel System-1 Leakage

1

41. Location of Fuel System-2 Leakage

4

(0) No fuel tank

(1) No fuel leakage

Primary Area Of Leakage

(2) Tank

(3) Filler neck

(4) Cap

(5) Lines/pump/filter

(6) Vent/emission recovery

(8) Other (specify):

(9) Unknown

42. Fuel Type-1

4 1

43. Fuel Type-2

4 4*Single Fuel Type*

(00) No fuel tank

(01) Gasoline

(02) Diesel

(03) CNG (Compressed Natural Gas)

(04) LPG (Liquid Petroleum Gas) also known as Propane

(05) LNG (Liquid Natural Gas)

(06) Methanol (M100 or M85)

(07) Ethanol (E100 or E85)

(08) Other (Hydrogen or others) (specify):

Electric Powered or Electric/Solar Powered Vehicles

(10) Lead Acid Battery

(11) Nickel-Iron Battery

(12) Nickel-Cadmium Battery

(13) Sodium Metal Chloride Battery

(14) Sodium Sulfur Battery

(18) Other (Specify):

(98) Other Hybrid (specify):

(99) Unknown fuel type

44. Is This Vehicle Equipped With More Than Two Fuel Tanks?

4

(0) No (one or two tanks only)

Yes - More Than Two Tanks(1) Yes -- no damage to any tank or filler cap and no fuel system leakage(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location):(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):

Type of tank

Tank location

Filler cap location

Tank damage

Location of leakage

Type of fuel

(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
 (I.E., GV09 = 0 OR 9 AND GV36 = 0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.

OCCUPANT ASSESSMENT FORM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number

2. Case Number - Stratum

A B 2 3

3. Vehicle Number

φ 2

4. Occupant Number

φ 1

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

1 9

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

1

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

1 8 8

Code actual height to the nearest
centimeter.

(999) Unknown

74 inches X 2.54 = 188 centimeters

8. Occupant's Weight

φ 7 7

Code actual weight to the nearest
kilogram.

(999) Unknown

17 φ pounds X .4536 = φ 7 7 kilograms

9. Occupant's Role

1

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position

1 1

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

9

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection φ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area φ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium φ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) φ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment φ

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

<p>17. Manual (Active) Belt System Availability <u>4</u></p> <p>(0) None available</p> <p>(1) Belt removed/destroyed</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed)</p> <p>(7) Lap belt (shoulder belt destroyed/removed)</p> <p>(8) Other belt (specify): _____</p> <p>(9) Unknown _____</p>	<p>21. Air Bag System Availability/Function <u>φ</u></p> <p>(0) Not equipped/not available</p> <p>(1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____</p> <p>(3) Air bag not reinstalled _____</p> <p>(9) Unknown _____</p>
<p>18. Manual (Active) Belt System Use <u>φ 4</u></p> <p>(00) None used, not available, or belt removed/destroyed</p> <p>(01) Inoperative (specify): _____</p> <p>(02) Shoulder belt _____</p> <p>(03) Lap belt _____</p> <p>(04) Lap and shoulder belt _____</p> <p>(05) Belt used—type unknown _____</p> <p>(08) Other belt used (specify): _____</p> <p>(12) Shoulder belt used with child safety seat _____</p> <p>(13) Lap belt used with child safety seat _____</p> <p>(14) Lap and shoulder belt used with child safety seat _____</p> <p>(15) Belt used with child safety seat—type unknown _____</p> <p>(18) Other belt used with child safety seat (specify): _____</p> <p>(99) Unknown if belt used _____</p>	<p>22. Air Bag System Deployment <u>φ</u></p> <p>(0) Not equipped/not available</p> <p>(1) Air bag deployed during accident (as a result of impact)</p> <p>(2) Air bag deployed inadvertently just prior to accident</p> <p>(3) Air bag deployed, accident sequence undetermined</p> <p>(4) Nondeployed</p> <p>(5) Unknown if deployed</p> <p>(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</p> <p>(9) Unknown</p>
<p>19. Proper Use of Manual (Active) Belts <u>7</u></p> <p>(0) None used or not available</p> <p>(1) Belt used properly</p> <p>(2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm</p> <p>(4) Shoulder belt worn behind back or seat</p> <p>(5) Belt worn around more than one person</p> <p>(6) Lap belt worn on abdomen</p> <p>(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of manual belt system (specify): _____</p> <p>(9) Unknown _____</p>	<p>23. Are There Indications of Air Bag System Failure? <u>φ</u></p> <p>(0) Not equipped/not available</p> <p>(1) No</p> <p>(2) Yes (specify): _____</p> <p>(9) Unknown _____</p>
<p>20. Manual (Active) Belt Failure Modes During Accident <u>1</u></p> <p>(0) No manual belt used</p> <p>(1) No manual belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor _____</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____</p> <p>(9) Unknown _____</p>	<p>Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts</p> <p>24. Police Reported Restraint Use <u>4</u></p> <p>(0) None used</p> <p>(1) Police did not indicate restraint use</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt used, type not specified</p> <p>(6) Child safety seat</p> <p>(7) Other or automatic restraint (specify): _____</p> <p>(8) Restrained, type unknown _____</p> <p>(9) Police indicated "unknown" _____</p>

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position9

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position)

9 9

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position)

9

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model φ φ φ

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat φ

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation φ φ

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage φ φ32. Child Safety Seat Shield Usage φ φ33. Child Safety Seat Tether Usage φ φNote: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)** φ

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality φ

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) φ

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):
- (9) Unknown

37. Hospital Stay φ φ

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 9 9

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER****39. Time to Death** φ φ

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death φ φ**41. 2nd Medically Reported Cause of Death** φ φ**42. 3rd Medically Reported Cause of Death** φ φ

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant φ φ

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/ Function** φ

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use φ

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type φ

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System φ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident φ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

49. Seat Orientation (this Occupant Position) L

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
- [] Vehicle inspection
- [] Official injury data
- [] Driver/occupant interview
- [✓] Other (specify): PARK
- [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES []

UPDATE CANDIDATE?

NO [] YES []

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER**BELT USE DETERMINATION****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 0 0
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

51. Was the Occupant Given Blood? 1
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO_3 0 0
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

53. Primary Source of Belt Use Determination 9
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): PAC
(9) Unknown if belt used



OCCUPANT ASSESSMENT FORM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number

2. Case Number - Stratum

A B 2 3

3. Vehicle Number

4 2

4. Occupant Number

0 2

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

3 0

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

9 9 9Code actual height to the nearest
centimeter.

(999) Unknown

____ inches X 2.54 = ____ centimeters

8. Occupant's Weight

9 9 9Code actual weight to the nearest
kilogram.

(999) Unknown

____ pounds X .4536 = ____ kilograms

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position

1 3*Front Seat*

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

3

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

ASLEEP

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection φ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area φ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium φ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) φ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment φ

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use φ 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts 9

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function φ

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment φ

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? φ

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 4

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____
- (8) Restrained, type unknown _____
- (9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position9

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position)

9 9

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position)

9

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model φ φ φ
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

(998) Unknown make/model
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat φ
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):
 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation φ φ
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage φ φ

32. Child Safety Seat Shield Usage φ φ

33. Child Safety Seat Tether Usage φ φ

Note: Options below applicable to
 Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) φ

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 9

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 9

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital Stay 9 9

- (00) Not Hospitalized

_____ Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 9 9

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death φ φ

- _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
 - (96) Fatal - ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death φ φ41. 2nd Medically Reported Cause of Death φ φ42. 3rd Medically Reported Cause of Death φ φ

- _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
 - (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant φ φ

- _____ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function** φ

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use φ

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type φ

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System φ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident φ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____

- (9) Unknown

49. Seat Orientation (this Occupant Position) L

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
- [] Vehicle inspection
- [] Official injury data
- [] Driver/occupant interview
- [☒] Other (specify): P&K

- [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES []

UPDATE CANDIDATE?

NO [] YES []

**STOP - VARIABLES 50 THROUGH 53 ARE
COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 0 4
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the
initial GCS Score recorded at medical
facility.
(97) Injured, details unknown
(99) Unknown if injured

51. Was the Occupant Given Blood? 1
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO_3 4 4
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 8
(0) Not equipped/not available/destroyed
or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): PAK
(9) Unknown if belt used

AIRBAG SUPPLEMENT

1

ACCIDENT SUMMARY

1. Accident Date: *FALL / WEEKDAY*
2. Police Investigated 1
 - (1) Yes
 - (2) No
 - (3) UnknownAgency:
City:
County: *CA*
3. General Locality 4
 - (1) Freeway, Limited Access
 - (2) Urban (City)
 - (3) Urban-Rural (mixed)
 - (4) Rural, Fields
4. Configuration (First Harm) 2
 - (0) Struck Object or Ped
 - (1) Rear-End
 - (2) Head-On
 - (3) Rear-to-Rear
 - (4) Angle
 - (5) Sideswipe-Same Direction
 - (6) Sideswipe-Opposite Dir.
 - (7) Noncollision
 - (8) Nonimpact Deployment
 - (9) Unknown
5. Fire Involved Ø
 - (0) None
 - (1) Airbag Vehicle
 - (2) Other Vehicle
 - (3) Both Vehicles
 - (9) Unknown
6. Vehicles Involved 2
7. Persons Involved 4
8. Injured Persons 2
9. Maximum AIS in Accident 5

AIRBAG VEHICLE INSPECTION

10. Date Vehicle Inspected:
11. Reason Vehicle Not Inspected 1
 - (0) Not Required
 - (1) Inspection Completed
 - (2) Cannot be Located
 - (3) Repaired or Destroyed
 - (5) Refusal or Impounded
 - (7) Other:
12. Impact Data Obtained 4
 - (0) No Data Obtained
 - (1) CDC Only
 - (2) Crush Profile Only
 - (3) Trajectory Data Only
 - (4) CDC and Crush Profile
 - (5) CDC and Trajectory
 - (6) Crush and Trajectory
 - (7) CDC, Crush, and Trajectory
13. Basis of Delta-V 7
 - (0) Not Computed (Unknown why)
 - (1) CRASH - Damage Only
 - (2) CRASH - Damage + Traj
 - (3) OLDMISS
 - (4) POLES
 - (5) Unknown Basis
 - (6) One Vehicle Beyond Scope
 - (7) Collision Beyond Scope
 - (8) Insufficient Data

VEHICLE HISTORY

14. Prior Impacts for AB Vehicle? 2
 - (1) Yes
 - (2) No
 - (9) Unknown
 15. Has Any Prior Maintenance or Service Been Performed on System 2
 - (1) Yes
 - (2) No
 - (9) Unknown
- Describe:

AIRBAG SUPPLEMENT

2

AIRBAG VEHICLE

Fleet: *NONE*
VIN: *1NXAE04B5R2XXXXX*
Mileage: *17,429 Km (10,830 mi)*

SYSTEM READINESS LAMP

16. Pre-Impact Lamp Condition 9
(1) Functioning/Proved Out
(2) Inoperative
(9) Unknown
17. Driver's Report of Pre-Impact Flashing 99
(00) No Flashing Reported
(01) Continuous Flashing
(02) _____
Number of Flashes: _____
(11) _____
(12) Constant Light
(19) Flashing, Unknown Number
(88) Not Applicable, System Removed
(99) Unknown
18. Period of Pre-Impact Flashing 9
(0) No Flashing
(1) Same Day as Impact
(2) Prior Day
(3) Prior Two Days
(4) Prior Week
(5) Prior Month
(6) Over One Month
(9) Unknown
19. Post-Impact Lamp Condition 9
(1) Functioning/Proved Out
(2) Inoperative
(9) Unknown
20. Post-Impact Flashing 99
(00) No Flashing Reported
(01) Continuous Flashing
(02) _____
Number of Flashes: _____
(11) _____
(12) Constant Light
(19) Flashing, Unknown Number
(88) Not Applicable, System Removed
(99) Unknown

21. Airbag Vehicle First Harmful Event 13
(01) Fire or explosion
(02) Immersion
(03) Gas Inhalation
(04) Fell from vehicle
(05) Injured in vehicle
(06) Other noncollision (specify):
(07) Overturn
(08) Jackknife
COLLISION WITH:
(09) Pedestrian
(10) Pedalcyclist
(11) Railway train
(12) Animal
(13) Motor vehicle in transport
(same roadway)
(14) Motor vehicle in transport
(other roadway)
(15) Parked motor vehicle
(16) Other type nonmotorist (specify):
(17) Thrown or falling object
(18) Boulder
COLLISION WITH FIXED OBJECT
(20) Building
(21) Impact attenuator/crash cushion
(22) Bridge pier or abutment
(23) Bridge parapet end
(24) Bridge rail
(25) Guardrail
(26) Concrete traffic barrier
(27) Median barrier
(28) Other longitudinal barrier (specify):
(29) Highway/traffic sign post
(30) Overhead sign support
(31) Luminaire/light support
(32) Utility pole
(33) Other post, pole, or support
(34) Culvert
(35) Curb
(36) Ditch
(37) Embankment-earth
(38) Embankment-rock, stone, or concrete
(39) Fence
(40) Wall
(41) Fire hydrant
(42) Shrubbery
(43) Tree
(44) Other fixed object (specify):
(45) Pavement surface irregularity
(99) Unknown

AIRBAG SUPPLEMENT

3

AIRBAG VEHICLE IMPACT SUMMARY

22. Vehicle Role 3
(0) Noncollision
(1) Striking unit
(2) Struck unit
(3) Both striking and struck
(9) Unknown
23. Manner of Leaving Scene 2
(1) Driven
(2) Towed-due to damage
(3) Towed-not for damage
(4) Towed-details unknown
(5) Abandoned
(9) Unknown
24. Number of Impact Events 1
(8) 8 or more
(9) Unknown
25. Rollover φ
(0) No rollover
(1) First event
(2) Subsequent event
(3) Yes, Unknown event
(9) Unknown
26. Override/Underride 3
(0) No override/underride
(1) Override - 1st CDC
(2) Override - Other CDC
(3) Underride - 1st CDC
(4) Underride - Other CDC
(9) Unknown

AIRBAG VEHICLE DAMAGE

- CODES: (1) Yes, damaged
(2) No damage
(9) Unknown
27. Left Front Fender Damage 1
28. Right Front Fender Damage 2
29. Center Top of Grille Damage 2

FRONT BUMPER E.A.D. STATUS

30. Left 5
31. Right 5
(1) Normal
(2) Extended
(3) Partial Compression
(4) Complete Compression
(5) Not Applicable
(9) Unknown

FIRST AIRBAG VEHICLE IMPACT:

32. Configuration 2
(0) Struck Object or Ped
(1) Rear-End
(2) Head-On
(3) Rear-to-Rear
(4) Angle
(5) Sideswipe-Same Direction
(6) Sideswipe-Opposite Dir.
(7) Noncollision
(8) Nonimpact Deployment
(9) Unknown
33. CDC: 12FLEE3
34. Object Contacted: 1981 CHEV. MALIBU

PRIMARY/DEPLOYMENT IMPACT:

35. Event Number 1
36. Total Delta-V N/A
37. Longitudinal Delta-V N/A
38. Configuration 2
See 32 above for codes
39. CDC: 12FLEE3
40. Object Contacted: 1981 CHEV MALIBU

AIRBAG SUPPLEMENT

4

AIRBAG SYSTEM DAMAGE

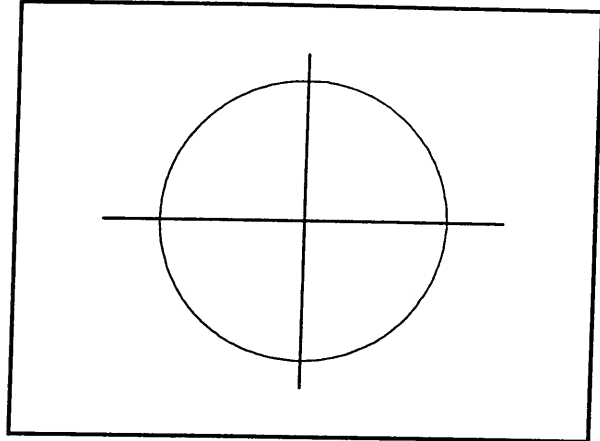
CODES: (1) Yes, Damaged
(2) No, Intact
(3) Not Applicable
(9) Unknown

- | | | |
|-----|--|--|
| 41. | Airbag Module | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 42. | Left Front Sensor | <div style="border: 1px solid black; padding: 2px; display: inline-block;">9</div> |
| 43. | Center Front Sensor | <div style="border: 1px solid black; padding: 2px; display: inline-block;">9</div> |
| 44. | Right Front Sensor | <div style="border: 1px solid black; padding: 2px; display: inline-block;">9</div> |
| 45. | Rear Cowl Sensor | <div style="border: 1px solid black; padding: 2px; display: inline-block;">9</div> |
| 46. | Diagnostic Module | <div style="border: 1px solid black; padding: 2px; display: inline-block;">9</div> |
| 47. | Wiring | <div style="border: 1px solid black; padding: 2px; display: inline-block;">9</div> |
| 48. | Knee Diverter | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> |
| 49. | Indication of disconnected
or loose electrical
connectors | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> |
| 50. | Condition of Deployed Bag
(1) Bag intact
(2) Split or torn
(3) Cut by object in impact
(4) Cut after accident
(5) Other
(8) NA (not deployed)
(9) Unknown | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> |

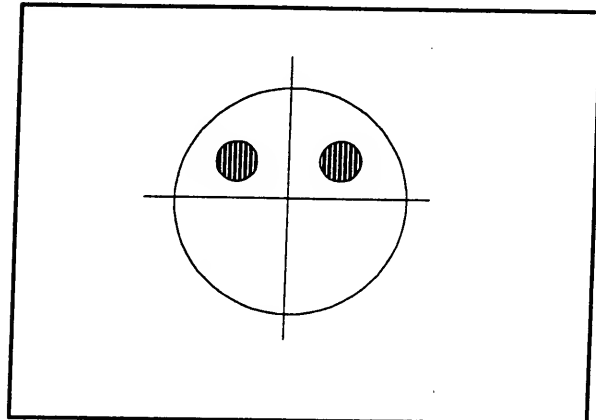
DESCRIBE SYSTEM AND BAG DAMAGE:

NOTE DAMAGE AND CONTACT MARKS ON
AIRBAG DIAGRAMS BELOW:

FRONT



BACK



AIRBAG SUPPLEMENT

5

OCCUPANTS OF AIRBAG CAR

51. Number of Occupants in Vehicle

2

52. Number of Injured Persons

2

53. Maximum AIS in Airbag Vehicle
(0) No Injury
(1-6) AIS Severity
(7) Injured, unknown severity
(9) Unknown

5

MAXIMUM AIS BY BODY REGION

REGION	MAX AIS	CONTACT
--------	---------	---------

Head/Neck/Face	<u> </u>	<u> </u>
----------------	---------------	---------------

Chest	<u> </u>	<u> </u>
-------	---------------	---------------

Abdomen	<u> </u>	<u> </u>
---------	---------------	---------------

Legs/Hips	<u> </u>	<u> </u>
-----------	---------------	---------------

Other (Arms)	<u>2</u>	<u>16</u>
--------------	----------	-----------

Driver Maximum	<u>2</u>	<u>16</u>
----------------	----------	-----------

EJECTION

Extent: NONE

Portal: NONE

DRIVER

Age: 26

Sex: FEMALE

54. Number of Driver Injuries

1

55. Source of Best Injury Data

- (0) Not injured
(1) Autopsy
(2) Hospital Medical Records
(3) Emergency Room only
(4) Private physician, clinic
(5) Lay Coroner Report
(6) EMS Personnel
(7) Interviewee
(8) Police
(9) Unknown

7

OTHER VEHICLE:

Maximum AIS 0

Prime/Deploy Impact w AB Vehicle
Event Number 01

CDC: 12 FLEE6

Total Delta V N/A

Make: CHEVROLET

Model Year: 1981

Model: MALIBU

Body Type: 4-door

AIRBAG SUPPLEMENT

6

NOTES:

DRIVER BELT USAGE: (1) Used (2) Not Used (9) Unknown

1

Evidence:

DRIVER POSTURE: Any comments Recorded (1) Yes, (2) No

2

Describe driver's posture and position on seat including specific comments on head, torso, buttocks, legs, and feet. Also note hand and arm position. Did driver brace before crash? Describe:

DRIVER FOREIGN OBJECTS: Comments Recorded (1) Yes, (2) No

2

Was driver wearing contact lenses or eyeglasses? Or holding any foreign object at the time of the impact (packages on lap, pipe, food, bottle, cigarette, etc.)? Did any lenses, objects, or jewelry play any role?:

DRIVER COMMENTS: Comments Recorded (1) Yes, (2) No

2

Was the driver aware that the vehicle was equipped with a supplemental restraint system? Did driver offer any comments on smoke, noise, etc.? Did the driver comment on the airbag as a restraint system? Describe:

PASSENGER-AIRBAG CONTACT: (1) Yes, (2) No, (9) Unknown

2

Describe:

AIRBAG SUPPLEMENT

7

R/F OCCUPANT

AIRBAG SYSTEM DAMAGE

CODES: (1) Yes, Damaged
(2) No, Intact
(3) Not Applicable
(9) Unknown

56. Airbag Module

1

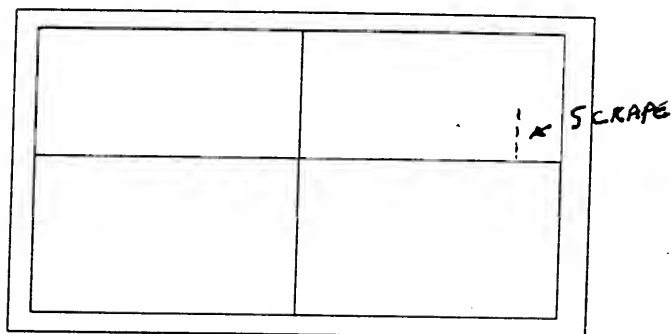
57. Condition of Deployed Bag
(1) Bag intact
(2) Split or torn
(3) Cut by object in impact
(4) Cut after accident
(5) Other
(8) NA (not deployed)
(9) Unknown

1

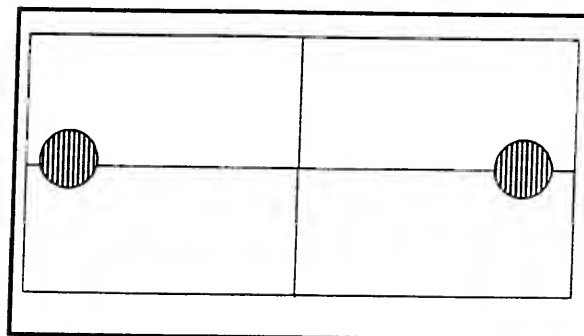
DESCRIBE SYSTEM AND BAG DAMAGE:

NOTE DAMAGE AND CONTACT MARKS ON
AIRBAG DIAGRAMS BELOW:

FRONT



BACK



AIRBAG SUPPLEMENT

8

R/F Occupant

Age: 3 mos.

Sex: FEMALE

58. Number of Injuries

5

59. Source of Best Injury Data

2

(0) Not injured

(1) Autopsy

(2) Hospital Medical Records

(3) Emergency Room only

(4) Private physician, clinic

(5) Lay Coroner Report

(6) EMS Personnel

(7) Interviewee

(8) Police

(9) Unknown

MAXIMUM AIS BY BODY REGION

REGION	MAX AIS	CONTACT
Head/Neck/Face	5	48
Chest		
Abdomen		
Legs/Hips		
Other (Arms)		
Occupant Maximum	5	48

EJECTION

Extent: NONE

Portal: NONE

AIRBAG SUPPLEMENT

9

R/F OCCUPANT :

R/F OCCUPANT BELT USAGE: (1) Used (2) Not Used (9) Unknown

1

Evidence:

R/F OCCUPANT POSTURE: Any comments Recorded (1) Yes, (2) No

2

Describe occupant's posture and position on seat including specific comments on head, torso, buttocks, legs, and feet. Also note hand and arm position. Did occupant brace before crash? Describe:

R/F OCCUPANT FOREIGN OBJECTS: Comments Recorded (1) Yes, (2) No

2

Was occupant wearing contact lenses or eyeglasses? Or holding any foreign object at the time of the impact (packages on lap, pipe, food, bottle, cigarette, etc.)? Did any lenses, objects, or jewelry play any role?:

R/F OCCUPANT COMMENTS: Comments Recorded (1) Yes, (2) No

2

Was the occupant aware that the vehicle was equipped with a supplemental restraint system? Did occupant offer any comments on smoke, noise, etc.? Did the occupant comment on the airbag as a restraint system? Describe:


DRIVER-AIRBAG CONTACT: (1) Yes, (2) No, (9) Unknown

2

Describe:

[illegible]

DATE OF COLLISION		TIME (2400)	NCIC NUMBER	OFFICER I.D.	MO.	PAGE 2
PROPERTY DAMAGE	OWNER'S NAME / ADDRESS					NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIPTION OF DAMAGE					

SEATING POSITION	OCCUPANTS	SAFETY EQUIPMENT	EJECTED FROM VEHICLE
 1 - DRIVER 2 - TO 6 - PASSENGERS 7 - STATION WAGON REAR 8 - REAR OCC. TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER	A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP / SHOULDER HARNESS USED H - LAP / SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED	L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED <u>CHILD RESTRAINT</u> Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE	<u>M/C BICYCLE - HELMET</u> DRIVER V - NO W - YES PASSENGER X - NO Y - YES 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

[illegible]

PRIVATE ROAD

SB

NB

V2

V1

TREES/BRUSH

INDICATE NORTH

PHOTOS CONT.

MISCELLANEOUS

1. ROLL

INJURED / WITNESSES / PASSENGERS

WITNESS ONLY		PASSENGER ONLY		AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED
						FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER				
<input type="checkbox"/>		<input type="checkbox"/>		30	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	3	T	0
NAME / D.O.B. / ADDRESS																		
(SAME AS P2)																		
-94																		
TELEPHONE																		
RED ONLY) TRANSPORTED BY:																		
TAKEN TO:																		

DESCRIBE INJURIES

AMBULANCE

HEAD TRAUMA

HOSPITAL

☐ VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/>	<input checked="" type="checkbox"/>	30	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	3	6	0
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NAME / D.O.B. / ADDRESS

-64

RED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	33	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NAME / D.O.B. / ADDRESS

RED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

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NAME / D.O.B. / ADDRESS

(SEE P-2)

RED ONLY) TRANSPORTED BY:

AMBULANCE

TAKEN TO:

HOSPITAL

DESCRIBE INJURIES

COMPLAINT OF PAIN LEFT ARM

☐ VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NAME / D.O.B. / ADDRESS

RED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

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NAME / D.O.B. / ADDRESS

RED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

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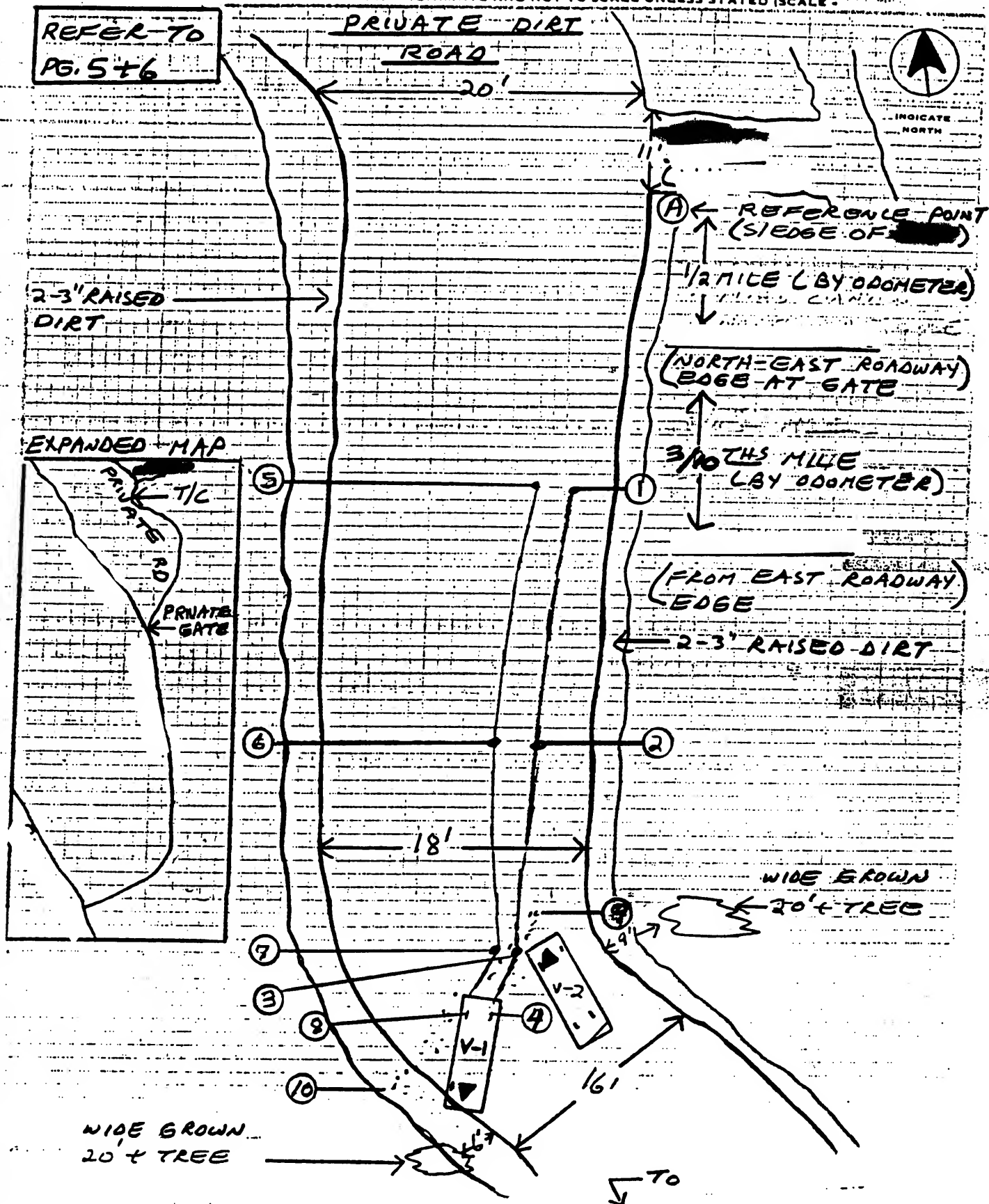
NAME / D.O.B. / ADDRESS

RED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE)



DRAWN BY

I.O. NUMBER

MO. DAY YR.

REVIEWER'S NAME

MO. DAY YR.

DATE OF INCIDENT/OCCURRENCE		TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
ONE <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental	"X" ONE <input checked="" type="checkbox"/> Collision report <input type="checkbox"/> Other:	TYPE SUPPLEMENTAL ("X" APPLICABLE) <input type="checkbox"/> BA update <input type="checkbox"/> Hazardous materials		<input type="checkbox"/> Fatal <input type="checkbox"/> School bus	<input type="checkbox"/> Hit and run update <input type="checkbox"/> Other:
COUNTY/JUDICIAL DISTRICT				REPORTING DISTRICT/BEAT	CITATION NUMBER
LOCATION/SUBJECT				STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

1. LEGEND

3. THIS PARTICULAR AREA IS A PRIVATE DIRT ROAD AND NO SPEED LIMIT IS APPLICABLE. ALL MEASUREMENTS, AT THE SCENE, WERE TAKEN WITH A ROL-A-TAPE. THE DIAGRAM IS NOT TO SCALE. R.P. = REFERENCE POINT. R.P. "A" WAS ESTABLISHED, FROM THE S/EDGE OF THE PRIVATE DRIVE AT [REDACTED], AS A REFERENCE POINT.

10. VEHICLE POINTS OF REST

- 1. -1'S R/R TIRE IS 121' S/O "A" AND 4' E/O THE W/EDGE OF THE PRIVATE DIRT ROAD.
- 2. V-1'S R/F " " 129' S/O "A" " 2 1/2' W/O " " " " " " " "
- 3. " " " " " " " " " " " " " "
- 4. -2'S 4F " " 121' S/O "A" 12 1/2' E/O " " " " " " " "
- 5. -2'S 4R " " 129' S/O "A" " 8 1/2' E/O " " " " " " " "

7. PHYSICAL EVIDENCE

- 1. -1 LEFT TWO SETS OF IMPENDING SKIDMARKS ON THE DIRT ROADWAY: R.P. # 1-2 = 24', R.P. # 5-6 = 24'.
- 2. -1 LEFT TWO SETS OF LOCKED WHEEL SKIDMARKS: R.P. # 2-4 = 80', R.P. # 6-8 = 80'
- 3. V-1 LEFT TWO SETS OF SLIDING SKIDMARKS: R.P. # 3-4 = 8', R.P. # 7-8 = 4'
- 4. -1 LEFT 8 1/2' OF DISTURBED DIRT BETWEEN THE REAR AND FRONT TIRES AT ITS POINT OF REST.

1. DEBRIS OF GLASS WAS CONCENTRATED OVER 15 1/2' FROM R.P. # 9 TO R.P. # 10

REPORTER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
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56 (Rev 7-90) OPI 042

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Page

Use previous editions until depleted.

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
<input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental		TYPE SUPPLEMENTAL (*X APPLICABLE) <input type="checkbox"/> BA update <input type="checkbox"/> Fatal <input type="checkbox"/> Hazardous materials <input type="checkbox"/> School bus		
<input checked="" type="checkbox"/> Collision report <input type="checkbox"/> Other:		<input type="checkbox"/> Hit and run update <input type="checkbox"/> Other:		
CITY COUNTY/JUDICIAL DISTRICT		REPORTING DISTRICT/BEAT		CITATION NUMBER
LOCATION/SUBJECT		STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

1. FACTS

NOTIFICATION: I RECEIVED A [REDACTED] RADIO CALL OF AN INJURY ACCIDENT ON [REDACTED] N/O [REDACTED] I RESPONDED FROM [REDACTED] @ [REDACTED] TIME OF CALL [REDACTED] HRS. I ARRIVED ON THE TIC SCENE AT [REDACTED] HRS. TWO [REDACTED] PD UNITS, [REDACTED] FIRE DEPT AND RESCUE WERE ON THE SCENE, UPON MY ARRIVAL. IT WAS A BRIGHT, CLEAR, SUNNY AFTERNOON. VISIBILITY LIMITED ONLY BY CURVES IN THE PRIVATE ROADWAY. ALL MEASUREMENTS TAKEN BY ODOMETER/ROLLATAPE METHODS. ALL SPEEDS AND MEASUREMENTS ARE APPROXIMATIONS.

SCENE

THIS TIC OCCURRED ON A N/S, 2WAY, DIRT/ROCK PRIVATE ROAD (MAINTAINED BY THE HOME OWNER, WHO LIVES OFF THE ROAD). IT WAS WELL MAINTAINED. THERE ARE DIRT & BRUSH AREAS BORDERING THE MAIN TRAVELLED PORTION OF THE PRIVATE ROAD. NO SPEED LIMIT ON PRIVATE PROPERTY. THE TIC TOOK PLACE IN A SLIGHT CURVE. (WHERE TWO VEHICLES GOING THE OPPOSITE DIRECTION COULD NOT SEE EACH OTHER PRIOR TO THE CURVE.) THERE IS A SMALL INCLINE FOR N/B TRAFFIC.

NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
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DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
<input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental		<input checked="" type="checkbox"/> Collision report <input type="checkbox"/> Other:		TYPE SUPPLEMENTAL (X APPLICABLE) <input type="checkbox"/> BA update <input type="checkbox"/> Fatal <input type="checkbox"/> Hit and run update <input type="checkbox"/> Hazardous materials <input type="checkbox"/> School bus <input type="checkbox"/> Other:
COUNTY/JUDICIAL DISTRICT			REPORTING DISTRICT/BEAT	CITATION NUMBER
LOCATION/SUBJECT			STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
1. <u>PARTIES</u>				
2.				
3. <u>PARTY #1 / VEHICLE #1:</u> WAS LOCATED ON ITS				
4. <u>WHEELS FACING A SW DIRECTION IN THE</u>				
5. <u>CURVE PARTIALLY BLOCKING BOTH SIDES OF THE ROAD</u>				
6. <u>V-1 SUSTAINED MAJOR DAMAGE TO THE LEFT</u>				
7. <u>FRONT & SIDE AREA. I DID NOT OBSERVE</u>				
8. <u>ANY MECHANICAL DEFECTS. I IDENTIFIED</u>				
9. <u>D-1 BY HIS CDL, AS HE STOOD NEAR HIS</u>				
10. <u>VEHICLE.</u>				
11. <u>PARTY #2 / VEHICLE #2:</u> WAS LOCATED ON ITS				
12. <u>WHEELS FACING A NW DIRECTION IN THE</u>				
13. <u>N/B PORTION OF THE PRIVATE ROAD. I</u>				
14. <u>DID NOT OBSERVE ANY MECHANICAL</u>				
15. <u>DEFECTS, V-2 SUSTAINED MAJOR FRONT</u>				
16. <u>LEFT & LEFT SIDE DAMAGE. I IDENTIFIED</u>				
17. <u>D-2 BY HER CDL & TALKED WITH HER,</u>				
18. <u>AS SHE SAT IN THE AMBULANCE. I</u>				
19. <u>OBSERVED THAT BOTH AIR BAGS HAD DEPLOYED.</u>				
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DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
<input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental		<input checked="" type="checkbox"/> Collision report <input type="checkbox"/> Other: _____		
COUNTY/JUDICIAL DISTRICT		TYPE SUPPLEMENTAL (X APPLICABLE) <input type="checkbox"/> BA update <input type="checkbox"/> Hazardous materials <input type="checkbox"/> Fatal <input type="checkbox"/> School bus <input type="checkbox"/> Hit and run update <input type="checkbox"/> Other: _____		
LOCATION/SUBJECT		REPORTING DISTRICT/BEAT		CITATION NUMBER
		STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

PARTY #2 VEHICLE #2 CONTINUED: I WAS ASSISTED AT THE TIL SCENE BY UPON HIS INSPECTION OF THE CHILD RESTRAINT SEAT, AT THE TIL SCENE, HE FOUND THE SEAT PORTION DETACHED FROM THE BASE PORTION. HE FOUND THIS PORTION IN THE CENTER CONSOLE AREA. HE CONDUCTED A FUNCTION CHECK TO SEE IF IT WOULD REATTACH AND IT DID FUNCTION CORRECTLY. I IDENTIFIED THE CHILD RESTRAINT SEAT AS A "CENTURY" LOT # [REDACTED] I FOUND THAT THE RESTRAINT BELTS WERE NOT ANCHORED THROUGH THE BACK OF THE SEAT. THEY ONLY WENT THROUGH THE COMFORTER, WHICH WAS LINING THE SEAT. THE CHILD SEAT BASE WAS CORRECTLY ANCHORED BY THE PASSENGER SIDE SEATBELT. I CHECKED THE CLIP ON DEVICE THAT ATTACHED NEAR THE CROTCH AREA & IT DID FUNCTION CORRECTLY.

NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
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DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
<input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental		TYPE SUPPLEMENTAL (X APPLICABLE) <input checked="" type="checkbox"/> Collision report <input type="checkbox"/> Other:		
<input type="checkbox"/> BA update <input type="checkbox"/> Hazardous materials		<input type="checkbox"/> Fatal <input type="checkbox"/> School bus <input type="checkbox"/> Hit and run update <input type="checkbox"/> Other:		
CITY COUNTY/JUDICIAL DISTRICT			REPORTING DISTRICT/BEAT	CITATION NUMBER
LOCATION/SUBJECT			STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input type="checkbox"/> No	

1. STATEMENTS			
2.			
3. DRIVER #1: STATED HE WAS SIB ON THE PRIVATE			
4. PROPERTY ROAD @ 30-35MPH TRAVERSING A CURVE			
5. WHEN HE SAW U-2 N/B TRAVERSING THE SAME			
6. CURVE. HE APPLIED HIS BRAKES, BUT COULD			
7. NOT AVOID A HEAD-ON COLLISION WITH U-2.			
8. HE SAID HE WAS WEARING HIS SEAT BELT. HE			
9. SAID HE HAD NO INSURANCE. HE SAID HIS			
10. PASSENGER LEFT THE TIC SCENE TO GET HELP			
PASSENGER () STATED THAT SHE WAS			
SLEEPING AT THE TIME OF THE TIC. SHE SAID			
THAT () WAS THE DRIVER AND SHE WENT			
FOR HELP AFTER THE TIC, ON FOOT. SHE SAID			
SHE WAS WEARING HER SEAT BELT AND SHE			
WAS NOT HURT. SHE COULD NOT GIVE ANY			
FURTHER FACTUAL INFORMATION.			
DRIVER #2: STATED SHE WAS N/B			
@ 10-15 MPH NEGOTIATING A			
CURVE IN THE PRIVATE ROADWAY. SHE			
SAID SHE WAS IN THE RIGHT MOST PORTION			
OF THE ROAD. AS SHE WAS COMING THROUGH THE			
CURVE SHE SAW U-1 ON HER SIDE OF THE			
ROAD SIB ON THE PRIVATE ROAD. SHE APPLIED			
HER BRAKES, BUT COULD NOT AVOID BEING			
HIT HEAD-ON BY U-1. SHE SAID THAT SHE WAS			
WEARING HER SEAT BELT AND HER DAUGHTER			
WAS IN A CHILD RESTRAINT SEAT AT THE TIME			
OF THE TIC.			
REF NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE

DATE OF INCIDENT/OCCURRENCE		TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
<input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental		<input checked="" type="checkbox"/> Collision report <input type="checkbox"/> Other:		TYPE SUPPLEMENTAL (X APPLICABLE) <input type="checkbox"/> BA update <input type="checkbox"/> Hazardous materials <input type="checkbox"/> Fatal <input type="checkbox"/> School bus <input type="checkbox"/> Hit and run update <input type="checkbox"/> Other:	
COUNTY/JUDICIAL DISTRICT				REPORTING DISTRICT/BEAT	CITATION NUMBER
LOCATION/SUBJECT				STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
1. WITNESS-1 (): STATED HE SAW 2. (D-1) DRIVING V-1 A FEW MINUTES 3. BEFORE THE TIC. HE SAID THAT THE 4. PASSENGER WAS AND THE 5. DRIVER WAS W-1 PASSED WITHIN 6. FEET OF V-1 AT THE HOUSES AT THE 7. N/EDGE OF THE PRIVATE DRIVEWAY. 8. HE ALSO STATED HE WAS NOT A FRIEND 9. OR RELATIVE OF 0. 1. OPINIONS AND CONCLUSIONS 2. 3. SUMMARY: V-1 WAS SIB ON A PRIVATE ROADWAY 4. @ 43 MPH ENTERING A CURVE IN THE ROAD. 5. AS D-1 ENTERED THE CURVE, HE CROSSED 6. INTO THE N/B SIDE OF THE ROAD. AT THE 7. SAME TIME, V-2 WAS N/B ON THE PRIVATE 8. ROADWAY ENTERING THE SAME CURVE. V-2 9. WAS AT 10-15 MPH WHEN THE DRIVERS 0. GOT TO A POINT WHERE THEY COULD SEE 1. EACH OTHER, BOTH APPLIED THEIR BRAKES, 2. BUT COULD NOT AVOID A HEAD-ON COLLISION 3. IN THE N/B PORTION OF THE ROAD. 4. 5. POINT OF IMPACT: WAS LOCATED 2523' 6. N/N EDGE OF AND 13' EAST OF 7. THE W/EDGE OF THE PRIVATE ROAD. DETERMINED 8. BY PHYSICAL EVIDENCE AND STATEMENTS. 9. 0. ADDITIONAL INFORMATION: P-1'S SPEED BASED ON 1. PHYSICAL EVIDENCE REFER TO ON PAGE 13. 2. NAME AND I.D. NUMBER DATE REVIEWER'S NAME DATE					

DATE OF INCIDENT/OCCURRENCE		TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
TYPE OF INCIDENT/OCCURRENCE		TYPE SUPPLEMENTAL ("X" APPLICABLE)			
<input type="checkbox"/> Narrative	<input checked="" type="checkbox"/> Collision report	<input type="checkbox"/> BA update	<input type="checkbox"/> Fatal	<input type="checkbox"/> Hit and run update	
<input type="checkbox"/> Supplemental	<input type="checkbox"/> Other:	<input type="checkbox"/> Hazardous materials	<input type="checkbox"/> School bus	<input type="checkbox"/> Other:	
COUNTY/JUDICIAL DISTRICT			REPORTING DISTRICT/BEAT	CITATION NUMBER	
CITATION/SUBJECT			STATE HIGHWAY RELATED		
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
CAUSE OF THIS TIC IS CODED "OTHER IMPROPER DRIVING" DUE TO THIS TIC OCCURRING ON PRIVATE PROPERTY, THE VEHICLE CODE DOES NOT APPLY. THIS TIC WAS CAUSED BY D-1 DRIVING ON THE WRONG SIDE OF THE PRIVATE ROAD. BASED ON PHYSICAL EVIDENCE + STATEMENTS.					
ASSOCIATED FACTOR: D-1'S SPEED WAS TOO FAST FOR EXISTING ROADWAY CONDITIONS. (DIRT ROAD ON A BLIND CURVE). I DETERMINED A SAFE SPEED TO BE 15 MPH.					
RECOMMENDATIONS: I RECOMMEND THAT THE CHILD RESTRAINT SEAT INFORMATION BE FORWARDED TO BORDER DIVISION FOR THEIR REVIEW AND OPINIONS.					
NAME AND I.D. NUMBER		DATE	REVIEWER'S NAME		DATE

DEPARTMENT S ID-SPEED INFORMATION		ACCIDENT NUMBER	ACCIDENT LOCATION <i>PRIVATE DRIVE</i>	ACCIDENT DATE	TEST SKID DATE
ROAD CONDITIONS		ACCIDENT SKID DATA			CENTRIFUGAL SKID
TYPE OF ROAD <i>DIRT</i>		IMENDING	LOCKED WHEEL	TOTAL	LENGTH
CONDITION <i>HARD PACKED</i>		L.P. <i>24'</i>	<i>80°/85'</i>	<i>112</i>	FEET
GRADE/DIRECTION <i>LEVEL / S/B</i>		R.P. <i>24'</i>	<i>80°/45'</i>	<i>108</i>	CHORD
		L.R.			FEET
		R.R.			MID-ORDINATE
ACCIDENT VEHICLE (year, make, model)		LONGEST			
		AVERAGE SKID			

TEST SKID INFORMATION									
N.	MPH	L.P.	R.P.	L.R.	R.R.	LONGEST	DETONATOR DISTANCE	OTHER DATA	
1.								DRIVER	I.D. NUMBER
2.								VEHICLE LIC. OR EQUIP. NO.	YEAR/MODEL
3.								ACTUAL SPEED	RADAR SPEED
METHOD SKIDMARKS MEASURED								WEATHER (temp.)	TIME
ACCIDENT TEST								ACCIDENT TEST	MINIMUM SPEED FROM CHART (OVER)
INVESTIGATING OFFICER-ACCIDENT								I.D. NUMBER	
TEST SKID OFFICER								I.D. NUMBER	
								COEF. OF FRICTION	MPH
								<i>NORTHWESTERN RANGE</i>	
								<i>40 - 85</i>	

DRAG SLED DATA				
ED WEIGHT	PULL WEIGHT	FORMULA	CALCULATED COEF.	ADJUSTED COEFFICIENT
		$f = \frac{\text{PULL WT.}}{\text{SLED WT.}}$		<i>.55</i>

CALCULATIONS/DIAGRAM

SPEED FROM SKID ANALYSIS (VEHICLE ONE)

$V = \sqrt{64.4 \times d \times f}$

$V = \sqrt{64.4 \times 110 \times .55}$

$\sqrt{3896.2}$

43 M.P.H.

$= 62.42 \text{ FPS}$

$= 42.549$

$= 43 \text{ M.P.H.}$

SYMBOLS	FORMULAS	EXAMPLE: CENTRIFUGAL SKIDMARK
f - COEFFICIENT OF FRICTION V - SPEED (MPH) d - SKID LENGTH (FT)	C - CHORD (FT) M - MID-ORDINATE R - RADIUS (FT)	$f = \frac{v^2}{30d}$ $R = \frac{v^2}{877f}$ $M = \frac{C^2}{8R}$ $V = \sqrt{15Rf}$

PERSONAL INFORMATION									
(LAST)		(FIRST)		MIDDLE	ROOM/BED	ACCOUNT NO.	SEX	AGE	MEDICAL REC. NO.
SOCIAL SECURITY NO.		BIRTHDATE		MAR. STAT	RACE	ETHNICITY	RELIGION	ADMITTED BY	PRE-ADMITTED BY
		994		S	CA 21	2	NON		
PERMANENT ADDRESS						STATE	ZIP	HOME PHONE	
MAILING ADDRESS						STATE	ZIP	HOME PHONE	
A V DIR: UNKNOWN									
IF OUT OF COUNTRY				PATIENT TYPE	ADMIT CATEGORY	ADMIT SOURCE	ADMIT THROUGH		
				I	01	7	EMER		

EMPLOYMENT/GUARANTOR INFORMATION									
RELATIONSHIP									
FATHER									
ADDRESS								ST	ZIP
PLACE OF EMPLOYMENT (PATIENT)					PLACE OF EMPLOYMENT (GUARANTOR)				
NA									
OCCUPATION					HIRE DATE				
MI OR					CARPENTER				
STREET					CITY				
STATE					CITY				
ZIP	PHONE NUMBER	EXT	STATE	ZIP	PHONE NUMBER	EXT			

INSURANCE INFORMATION									
COMPANY NAME		POLICY HOLDER	IDENTIFYING NO.	GROUP	CO/PLAN	EFFECTIVE DATE			

ADMITTING INFORMATION									
ADMITTING DIAGNOSIS					CONF	ADMIT DATE	TIME	DISCHARGE DATE	
TRAUMATIC R/O SZ S/P CHT					R				
ADMITTING PHYSICIAN			DR. CODE	SVC.	ATTENDING PHYSICIAN				

SEND REPORTS TO									
REFERRING PHYSICIAN (PRIMARY)		STREET AND CITY				STATE	ZIP	PHONE	
REFERRING PHYSICIAN (OTHER)		STREET AND CITY				STATE	ZIP	PHONE	
REFERRING PHYSICIAN (OTHER)		STREET AND CITY				STATE	ZIP	PHONE	

NOTIFY									
CONTACT		RELAT	HOME PHONE	BUSINESS PHONE & EXT					
		F							
		Y							

ASSIGNMENT									
AUTHORIZED TO RELEASE INFORMATION: I hereby irrevocably authorize the /physicians to disclose all or any part of the patient's record to any person which is or may be liable under a contract to the or to the patient or to a family member or employer of the patient for all or part of charge, including, but not limited to medical service companies, insurance companies, workmen's compensation carriers, welfare funds, or the employer.									
19					Signed				
					Patient (Parent if Minor)				

AGREEMENT OF INSURANCE BENEFITS: I hereby irrevocably authorize payment directly to the above named hospital/physician Benefits otherwise payable to me but to be paid the hospital's/physician's regular charges due as a result of this claim. I understand I am financially responsible to the hospital/physician for charges not covered by this agreement.									
19					Signed				
					Policyholder				

NOTIFICATION OF ADMISSION									
Time					DISCHARGE				
DATE					TIME				
DISCHARGE ESCORT (COURIER)									
ADMISSION RECORD		SECRETARY		PATIENT IDENTIFICATION					
19-0100 (11-91)		COPY CLERK		WK. STACK CLERK					

BEST AVAILABLE COPY

D. T
DATE OF ADMISSION:
DATE OF DISCHARGE:

BEST AVAILABLE COPY

DISCHARGE DIAGNOSES:

1. Post traumatic subdural hemorrhagic hygroma.
2. Skull fracture.
3. Post traumatic seizure.

HISTORY OF PRESENT ILLNESS: This patient is a three-month-old Caucasian female with a history of a motor vehicle accident. The child was in a car seat. The back of her infant seat was against the front seat. There was a head-on collision; the air bag was inflated and the child had been admitted with a skull fracture in the right lambdoid area consistent with diastasis and a small fracture at the occipital bone. The patient was initially admitted to the Pediatric Trauma Service. She was discharged. Her C-spine was cleared prior to that discharge. She has been somewhat somnolent, sleepy. She had an episode of tonic contracture of the right hand that lasted approximately ten minutes and she has been lethargic off and on since this time.

PHYSICAL EXAMINATION: On physical examination, pulse 160, respiration 28, temperature 96.2. The patient is awake, intermittently lethargic, irritable but consolable. HEENT: Essentially normal anterior fontanel that is flat, pulsatile. The pupils are equal, round and reactive to light. Gaze was conjugate. NECK: Supple. LUNGS: Clear. HEART: Regular rhythm. ABDOMEN: Soft and nontender. On initial neurological exam the right side subtly showed less movement than the left, but there was preservation of fine motor movements on both sides. Deep tendon reflexes were physiologic and muscle tone was preserved.

HOSPITAL COURSE: A CT scan of the head showed prominent bilateral subdural hygromatous fluid collection. The patient was started on phenobarbital for seizure and scheduled for surgery. She underwent placement of a right-sided subdural to peritoneal shunt on Subdural protein was 6,210 mg/l, subdural glucose was 73 mg/dl. Subdural fluid count 755 red cells per cubic ml, 9 nucleated cells per cubic mm, 32% segs, 37% lymphs, 28% monos or macrophages, 1% eosinophils, and 2% variant lymphocytes. The subdural fluid showed no growth in three days. The patient had low-grade fevers postoperatively and she experienced diarrhea. Rotavirus antigen was negative. Stool for lactose and nonlactose had many gram-negative rods on culture. Urinalysis was essentially negative. The patient had suture removal on the date of discharge. Her wound was healing satisfactorily.

DISCHARGE INSTRUCTIONS: MEDICATIONS: Poly-Vi-Sol 1 cc p.o. q.d., Fer-In-sol 0.6 cc p.o. q.d., phenobarbital 12 mg p.o. b.i.d. The patient was to have a CAT scan of the head without contrast scheduled in four to six weeks after discharge and was to return to Pediatric

DISCHARGE SUMMARY

24-0643C (5/93)

CHART COPY

Neurosurgery clinic after the above. She was given phenobarbital
12 mg b.i.d.

ATTENDING PHYSICIAN

CC:

DISCHARGE SUMMARY

CHART COPY

24-0643C (5/93)

Patient Name:

BEST AVAILABLE COPY

ROOM NUMBER

TIMES

Triage

Treat

MD

Discharge

TRIAGE LEVEL

IMMEDIATE

URGENT

NON-URGENT

TIME

B. P.

H. R.

R. R.

TEMP.

O₂/SAT

SIGNATURE

Date of Visit

D.O.B.

Age

Gender

Sex

Wt.

Lb.

L.M.P.

N/A

Chief Complaint: Obtained head inj. x

3 d ago. CO'd from SBO

Triage Assessment: Yesterday. mother

States child has had 2 episodes

of vomiting & sleepy.

Allergies: NKDA

Tetanus DUTD

Medications NONE

See List

Nursing Diagnosis

Nursing Goals

SLN

SLN

ORDERS

Time	(Only one order per line.)	Reason	Time	Nurse
	<input type="checkbox"/> CBC			
	<input type="checkbox"/> Electrolytes			
	<input type="checkbox"/> Calcium <input type="checkbox"/> Magnesium			
	<input type="checkbox"/> Glucose			
	<input type="checkbox"/> Urinalysis <input type="checkbox"/> Cath			
	<input type="checkbox"/> HCG			
	<input type="checkbox"/> C & S of:			
	<input type="checkbox"/> Type and Cross / Screen	units		
	<input type="checkbox"/> Wet Mnt. / G.C. / Chlam.			
	<input type="checkbox"/> Drug Levels:			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

MEDICATION-PROCEDURES

<input type="checkbox"/> Accucheck	
<input type="checkbox"/> Foley Catheter	<input type="checkbox"/> I/O Cath
<input type="checkbox"/> Hemocue	
<input type="checkbox"/> Suture Set Tray	<input type="checkbox"/> Pelvic Set-up
<input type="checkbox"/> Tetanus: TT or DT or Td	
<input type="checkbox"/> Urine Dipstick	

Assess for sedation 0.1 mg/kg IV
 sedate per protocol / Pulse ox / Monitor
 Rectal Bariatric feeding tube
 mix 500 mg in 5cc NS, give
 900 → 2.50 mg PR (1.5 cc)
 chlorazepate 480 mg / PO / PR

Impressions:

slp head injury
 vomiting 2ms
 ? Focal RUE

STATUS POST HEAD INJURY

ATTENDING

RESIDENT

Dictation

Dictation

EMERGENCY DEPARTMENT I

A T T E N T I O N !!

MISSING INFORMATION

[X] ATTENDING PHYSICIAN

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EMERGENCY DEPARTMENT
PHYSICIAN'S RECORD

24-0643C (5/93)

CHART COPY

DATE OF VISIT:

The patient is a three month-old who is brought in for vomiting and altered mental status. The patient's mother says that the child was a belted passenger in a motor vehicle accident on this past [REDACTED], three days ago, was discharged last night from the [REDACTED] after being observed for three days. Was on the service of

Pediatric Trauma Surgery and followed by Neurosurgery there. Apparently had a skull fracture and some type of intracranial injury. Since discharge, mother says, has had some decreased p.o. intake and vomited twice, has been more sleepy than usual and mother was concerned about some rhythmic movement of the right upper extremity, clenching the right hand with a tight fist.

IMMUNIZATIONS: Are up to date. ALLERGIES: NONE. Was a term baby with normal spontaneous vaginal delivery. MEDICATIONS: None.

PHYSICAL EXAMINATION: VITAL SIGNS: Temperature 96.2, heart rate 160, respiratory rate 28. GENERAL: The child was crying when I entered the room, had decreased movement in the right upper extremity but there was no seizure activity. She was consolable with a bottle of Pedialyte and was not irritable nor lethargic. Tympanic membranes are clear. Pupils were equal, round and reactive to light, about 4 mm to 3 mm bilaterally. Pharynx is benign. NECK: Supple. CHEST: Clear. CARDIAC: Regular rhythm. ABDOMEN: Soft, nontender. NEUROLOGIC: Moved all four extremities, except seemed to move the right upper extremity less than the others. Other than that the child was looking about the room and extraocular movements were full and pupils were equal and reactive at 4-3 bilaterally.

CLINICAL IMPRESSION:

1. Status post head injury with vomiting and sleepiness.

PLAN: The patient is to get a head CT at this time; we are giving rectal Brevital by diluting 500 cc in 5 cc normal saline and giving 150 mg per rectum five minutes before the procedure.

I talked to [REDACTED] of Neurosurgery about this patient, he is going to come down and examine the patient as he was involved in the care of the child on the ward.

The final disposition will be by the Neurosurgery team.

ATTENDING PHYSICIAN

cc:

EMERGENCY DEPARTMENT
PHYSICIAN'S RECORD

24-0643C (5/93)

CHART COPY

INITIAL ASSESSMENT		Date	Time in Trt. Area	Sex	Age	LMP	Room No
Time		Allergies		Patient Medications		PMD	
Obtained head injury x 3 at age 2		None		None			
Scld from 9300 yesterday							
Other states child has had 2							
episodes of vomiting & sleep							

TIME	SITE / POS.	B/P	PULSE	RESP	TEMP	O ₂ /SAT	INIT
1:35			160	28	96.2		
1:45			128	24		RA 110%	
1:50			138	24		RA 99%	
1:53			138	24		RA 100%	
1:00			136	24			

PUPILS		INITIAL GLASGOW COMA SCALE	
<input checked="" type="checkbox"/> Equal	<input type="checkbox"/> Unequal	Appropriate for age	
<input checked="" type="checkbox"/> Responsive	<input type="checkbox"/> Sluggish	1. EYE OPENING 2. VERBAL RESPONSE 3. MOTOR RESPONSE	
<input type="checkbox"/> Fixed	<input type="checkbox"/> Dilated	Spontaneous = 4 Oriented = 5	
<input type="checkbox"/> Pinpoint	<input type="checkbox"/> None	To Voice = 3 Confused = 4	
<input type="checkbox"/> Normal for Pt.		To Pain = 2 Inappropriate = 3	
		None = 1 Incomprehensible = 2	
		None = 1 Extension = 2	
		None = 1	

TIME	MEDICATIONS/DOSE	MODE	SITE	INIT	RESPONSE
1:30	Chloral hydrate 480 mg PO				

MEDICAL HISTORY	
<input checked="" type="checkbox"/> No Chronic Disease	<input type="checkbox"/> Seizures
<input type="checkbox"/> Unknown	<input type="checkbox"/> Cardiac
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Pulmonary
<input type="checkbox"/> HTN	<input type="checkbox"/> Other

TIME	IV SOLUTIONS	GAUGE	SITE	INIT	TIME	AMT. ABSORBED
1:50	Heblock	24g	5 F			

SKIN COLOR	MOISTURE	SKIN TEMP.	LEVEL OF DISTRESS
<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Hot	<input type="checkbox"/> None Apparent
<input type="checkbox"/> Pale	<input type="checkbox"/> Dry	<input checked="" type="checkbox"/> Warm	<input checked="" type="checkbox"/> Mild
<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Moist	<input type="checkbox"/> Cool	<input type="checkbox"/> Moderate
<input type="checkbox"/> Flushed	<input type="checkbox"/> Profuse	<input type="checkbox"/> Cold	<input type="checkbox"/> Severe

WASTE TYPE	AMT	TIME	OUTPUT TYPE	AMT	TIME
------------	-----	------	-------------	-----	------

RESPIRATORY STATUS		ABG
<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Retraction	Time
<input type="checkbox"/> Rales	<input type="checkbox"/> Nasal Flaring	<input type="checkbox"/> Clear
<input type="checkbox"/> Wheezes	<input type="checkbox"/> Cough	<input type="checkbox"/> Smoking Hx
<input type="checkbox"/> Diminished BrS	<input type="checkbox"/> Productive	<input type="checkbox"/> Non-Productive

PROCEDURE	INIT	TIME	PROCEDURE	INIT
NG TUBE Size			CRUTCHES & TEACHING	
EYE IRRIGATION			ICE / ELEVATE	
COOLING MEASURES			SPLINT / ACE	
SEIZURE PRECAUTIONS			STRAIGHT CATH	

CARDIAC STATUS		<input checked="" type="checkbox"/> NA	<input type="checkbox"/> EKG Done
Pain	<input type="checkbox"/> No <input type="checkbox"/> Yes	Time	
Severity	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
Type	<input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Other		
Location	Radiates		
Duration	Pedal Edema <input type="checkbox"/> No <input type="checkbox"/> Yes		
Cardiac Monitor Time	Rhythm		

NURSING NOTES: Alteration in Comfort ↓ R/L head injury. Alteration fluid/electrolytes R/L vomiting. Pt's comfort level ↑ prior to discharge. Pt's fluid/electrolytes WNL prior to discharge.

ABDOMINAL STATUS		<input checked="" type="checkbox"/> NA
Pain	<input type="checkbox"/> No <input type="checkbox"/> Yes	Nausea <input type="checkbox"/> No <input type="checkbox"/> Yes
Location	Vomiting <input type="checkbox"/> No <input type="checkbox"/> Yes	
Duration	Diarrhea <input type="checkbox"/> No <input type="checkbox"/> Yes	
Radiates	Other	

MD @ bedside to eval pt. Pt. to CT scan @ RN and monitor. Pulse ox 100% on RA.

GYN	<input checked="" type="checkbox"/> NA	GU	<input checked="" type="checkbox"/> NA	SIDE RAILS
Discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No	Incontinence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> One
Color		Frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Two
Bleeding	<input type="checkbox"/> Yes <input type="checkbox"/> No	Burning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Call light in place
Cramping	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hematuria	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pins in place
Onset		Foley Size		
Pad Count		Time	Initial Output	

Disposition: <input type="checkbox"/> OR <input type="checkbox"/> Morgue <input type="checkbox"/> Admit	Signature
Discharged <input type="checkbox"/> Transfer	
Report called to Unit	Time
Report with RN / O ₂ Monitor / Defibrillator	
Discharge Teaching	

WOUND/INJURY BLEEDING	LABS	X-RAY
<input type="checkbox"/> N/A		
Type	<input type="checkbox"/> None	
Site	<input type="checkbox"/> Controlled	
	<input type="checkbox"/> Uncontrolled	

Patient Name: _____ Age: _____

Date: _____

Private Physician: _____ Time Seen: _____

MEDICAL HISTORY

CHIEF COMPLAINT: _____

HISTORY OF PROBLEM:

(ONSET, TIME & ACTIVITY, DURATION, FREQUENCY, EPISODES, LOCATION, RADIATION, QUALITY, SEVERITY, PAIN, VOCAL/PALLIATIVE FACTORS, SIGN/SYMPTOMS, MEDICATIONS, TREATMENTS)

Delayed
Ep. mVA Mon → Wed
admitted to PICU (C...)
& leukemia
skull fracture.

Disch. last noc.

Smr then Lpo, joint x2

sleepy

clenzy @ hand/tight fist.

SYSTEMS REVIEW:

☐ Negative ROS

LNMP:

Imm up

ALLERGIES: ☒ None

PSYCHOLOGICAL MEDICAL-SURGICAL HISTORY: ☐ None

Term
NCVD

MILITARY HISTORY: AGES (Health, Age at Death & Cause)

SOCIAL HISTORY: Occupation (R) _____

MARITAL STATUS: M S D W Psychosexual _____

Drugs or Alcohol Use _____

Smoking: (Years _____) X (_____ PPD), ☐ Quit _____

DIETARY HABITS: ☐ None

EMERGENCY DEPARTMENT
PATIENT CARE RECORD

MEDICAL RECORDS

26-0451 (5-93)

PHYSICAL EXAMINATION

ABNORMAL FINDINGS AND PERTINENT NEGATIVES

VITAL SIGNS:

TEMP 96.2

BP

HR 160 RR 28

GENERAL:

HEENT:

font fesse
engis / alert

CHEST:

HEART:

LUNGS:

ABDOMEN:

size

NEUROLOGIC:

EXTREMITIES:

moves x 4

OTHER:

EMERGENCY DEPARTMENT COURSE

(REPEAT EXAMINATIONS TIME, SERIAL VITAL SIGNS, FLUCTUATIONS CONDITION VITAL SIGNS, MENTAL STATUS, PAIN INTENSITY, TREATMENTS AND PATIENT RESPONSE) LABORATORY, EKG, X-RAYS.

RADIOLOGIST REPORTS:

Reevaluation Times:

PROCEDURE NOTES:

(INDICATION, PREOPERATIVE PREPARATIONS, OPERATIVE PROCEDURE, OUTCOME/FINDINGS, PATIENT CONDITION AT CONCLUSION)

CLINICAL IMPRESSIONS: (Diagnosis or Symptom)

PLANS:

Physician Signature: _____

Time Discharged: _____

☒ Dictated ☐ Not Dictated

PATIENT IDENTIFICATION

BEST AVAILABLE COPY

A T T E N T I O N !!

MISSING INFORMATION

X DATE OF ADMISSION
X ATTENDING PHYSICIAN
X PLEASE VERIFY SPELLING OF PATIENT'S FIRST NAME.
X In BRIEF HISTORY, you state patient is male. In IMPRESSION, you
state patient is female.
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HISTORY AND PHYSICAL

CHART COPY

24-0643C (5/93)

DATE OF ADMISSION:

BRIEF HISTORY: The patient is a three-month-old white ^{Fe} male with history of motor vehicle accident. He was hit by an airbag three days ago. He was admitted to the Pediatric Intensive Care Unit Trauma Service for a skull fracture. The patient had been doing well and was sent home the day before this admission. Since then, the patient has not been feeding well and vomited twice. He has had a moderate amount of sleepiness and had an episode of tonic contracture of the right hand that lasted approximate ten minutes. He has since been lethargic on and off and not using his right side as much as his left.

PAST MEDICAL HISTORY: As above, otherwise unremarkable. MEDICATIONS: None. ALLERGIES: UNKNOWN.

PHYSICAL EXAMINATION:

VITAL SIGNS: Pulse 160, respiratory rate 28, temperature 96.2.
GENERAL: In general, the patient was wakeful, intermittently lethargic and irritable when aroused but seemingly consolable.
HEENT: Head examination showed no obvious contusions. The anterior fontanelle was flat, soft, and pulsatile. Eyes - The pupils were equal, round, and reactive to light and accommodation. The patient did open his eyes. The pupils were 3 to 2 and conjugate.
NECK: Neck appeared supple.
LUNGS: The lungs were clear to auscultation.
HEART: The heart had a regular rate and rhythm.
ABDOMEN: The abdomen was soft and benign.
NEUROLOGIC: Motor examination - He moved the right side less than the left but did have fine hand movements on the right side. There was no muscle tone throughout. Reflexes appeared physiologic.

DIAGNOSTIC DATA: A computed tomography scan of the head is pending.

IMPRESSION:

1. A three-month-old female with possible posttraumatic seizure activity affecting the right side and postconcussion-like syndrome.

PLAN:

1. A computed tomography scan of the head to reevaluate possibility of expansion of a hematoma.
2. Admission to the Pediatric Intensive Care Unit for close observation.

HISTORY AND PHYSICAL

24-0643C (5/93)

CHART COPY

3. The patient will be placed on phenobarbital for prophylactic antiseizure control.

ATTENDING PHYSICIAN

cc:

HISTORY AND PHYSICAL

CHART COPY

24-0643C (5/93)

A T T E N T I O N !!

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X PLEASE VERIFY SPELLING OF PATIENT'S FIRST NAME.

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OPERATIVE RECORD

CHART COPY

DATE OF SURGERY:

OPERATING SURGEON:

FIRST ASSISTANT:

PREOPERATIVE DIAGNOSES: 1. Bilateral subdural hygromas,
posttraumatic.

POSTOPERATIVE DIAGNOSES: 1. Bilateral subdural hygromas,
posttraumatic.

OPERATION PROPOSED: 1. Placement of right subdural to peritoneal
shunt.

OPERATION PERFORMED: 1. Placement of right subdural to peritoneal
shunt.

ANESTHESIA: General endotracheal anesthesia.

INCISION: Right frontoparietal and midline epigastric.

FINDINGS: Blood-tinged, proteinaceous subdural fluid under elevated
pressure.

SKIN CLOSURE: 4-0 nylon.

SPECIMENS REMOVED: Subdural fluid.

POSTOPERATIVE CONDITION: Satisfactory.

PROGNOSIS: Guarded.

DRAINS AND PACKS: None.

ESTIMATED BLOOD LOSS: 5 cc.

BLOOD ADMINISTERED: None.

INDICATIONS FOR SURGERY: The patient is a three-month-old female
status post motor vehicle accident four days previously. She had a
minor head injury. She was discharged to home and readmitted one day
prior to surgery for exacerbation of seizures and intermittent
lethargy. Repeat computed tomography scan showed increased size of
bifrontal subdural hygromas.

PROCEDURE: The patient was brought to the operating room and general
endotracheal anesthesia was induced. The right side of the head was
shaved and prepped in a sterile fashion. Sterile towels were placed
under the head, and the head was turned toward the left side. Sterile
draping was performed, and infiltration of the skin was performed with
0.5% Lidocaine with 1:200,000 epinephrine. A curvilinear incision was
made anterior to the coronal suture and lateral to the fontanelle, and
a mastoid retractor was placed. A midline epigastric incision was also
infiltrated and incised, and a self-retaining retractor was placed. A
shunt passer was then placed from the abdominal wound to the scalp
wound. Intermittent stab wound in the parietal region was necessary.
The shunt tube was then passed subcutaneously, tunneled from the scalp
wound to the abdominal wound. The coronal suture was then opened, and
the Love-Adson was used to dissect the dura free from the overlying

OPERATIVE RECORD

CHART COPY

24-0643C (5/93)

bone. The rongeur was used to remove the overlying frontal bone. The underlying dura was then coagulated using Bovie cautery. An 11 blade was used to incise the dura, and a blood-tinged fluid under increased pressure was found to come forth. Specimen was taken for culture and studies. An in-line straight connector was used, and a ventricular catheter was cut down to 6 cm. Holes were enlarged in the proximal end. The tube was secured to the straight connector using 000 silk suture. The end was then placed into the subdural fluid collection, and a 4-0 silk suture was used to tie down the catheter at the straight connector site. The abdominal wound was extended down to the peritoneum, and the peritoneum was opened and sounded with a No. 4 Penfield. The peritoneal tube was then placed into the peritoneum without difficulty. The peritoneum was closed using interrupted 000 Vicryl suture. The subdermal layer was also closed and the fascial layer was closed with interrupted 000 Vicryl suture. The skin was closed using running locked silk. The scalp incision was closed in a similar fashion with interrupted 000 Vicryl suture and running locked 4-0 nylon for the skin. Sterile bandages were applied, and the stab wound was closed using a single interrupted 4-0 stitch. Sterile bandages were applied. The patient was then extubated and taken to the recovery room in stable condition.

COMPLICATIONS: There were no complications noted from the procedure.
CLASSIFICATION OF PRIMARY WOUND: Clean - refined.

(H)/r72o

OPERATING SURGEON

CC:
CC:

OPERATIVE RECORD

CHART COPY

24-0643C (5/93)

REQUESTED BY ATTENDING PHYSICIAN		CONSULTING SERVICE:
REASON FOR REQUEST: <u>Fluids + electrolytes + sz management</u>		
DATE	TIME	
	20:45	

I.D.: 3m/0 ♀ S/P MVA on 11/18/65

H.P.G.: 3m/0 ♀ S/P MVA on 11/18/65, was hit by air bag which crushed the back of the car seat, CT head on 11/18/65 showed Fx of (R) + (L) occiput, small contusion in rt. parietal lobe + subdural fluid collection with no mass effect. Pt. was D/C'd home from hosp. yesterday. Today noted to have tonic clonic mov. of rt. hand lasting ~ 10 min, no loss of consciousness or generalised sz activity noted, had vomiting x 2 today + has been more sleepy

Med: Phenobarbital 12mg BID (4mg/kg/10) 98/65 wt 6.1kg

V.S.: T 98 P 131 R 31

Gen: alert, active, PERRL

Heart: RRR 80

Lungs: CTAB.

Abd: soft, ND, NT, + BS, HSM.

Extrem: warm, moves all 4 extrem

e.d.CT: 9mm thick bil frontal + 5mm thick bil temporal subdural hematoma, bil. parietal skull Fx, 4 left + one rt. parietal 3-8mm foci of low attenuation prob. related to contusion or shear injury

Imp: 3m/0 ♀ with post, post traumatic sz, post concussion syndrome with bil. subdural hematomas.

Plan:

- 1) Place NPO on IV D5 0.3% 10meq/L KCl at 80cc/kg/10.
- 2) Cont. Phenobarb. + sz precautions.
- 3) CBC, lytes + RBS.
- 4) EEG req. sz activity
- 5) Subdural to peritoneal shunt in am

M.D.

PLEASE PRINT NAME (RESIDENT)

A A A

RESIDENT'S SIGNATURE

M.D.

PLEASE PRINT NAME (CONSULTING PHYSICIAN)

CONSULTING PHYSICIAN'S SIGNATURE

PATIENT INFORMATION

CONSULTATION REPORT

REPORT OF ELECTROENCEPHALOGRAPH

EEG#:

Date:
 Sex:
 DOB:
 Age: 5 m/M
 Medication:

Referred by:
 Handedness:
 Location: out patient
 Gestation:

REFERRAL: Seizures.

REPORT: This is an 18 channel EEG done by the Standard International 10-20 Electrode Placement System. The patient is asleep and the background demonstrates a nice moderate to high amplitude delta activity with a good gradient for age. The spindle activity appears to be normal. There is no focal or hemispheric abnormalities noted. Later stage III and IV are observed with higher amplitude delta activity.

IMPRESSION: Normal EEG for age.

Pediatric Neurology

NEURODIAGNOSTIC REPORT

REPORT OF ELECTROENCEPHALOGRAPH
 CHART COPY

Name:

AGE 3M	DATE OF BIRTH	SEX F	EXAMINATION(S) REQUESTED CT HEAD NO CONTRAST	DATE OF REQUEST
PROVISIONAL DIAGNOSIS, PERTINENT HISTORY, OR CLINICAL DATA HEAD TRAUMA			ATTENDING PHYSICIAN	ORDERING PHYSICIAN

CT SCAN OF THE HEAD WITHOUT CONTRAST:
#1559 HOURS

CLINICAL SUMMARY: This 2-month-old infant girl reportedly was in a motor vehicle accident two days ago. The patient had an episode of seizures the day of this examination. Noncontrast head CT is requested to evaluate for evidence of depressed skull fracture or intracranial injury.

PROCEDURE: Utilizing the GE Hi Speed CT scanner, 3 mm slices at 5 mm intervals were obtained through the posterior fossa followed by serial 5 mm slices at 8 mm intervals through the remainder of the cranium to the vertex in an EMI plane without the injection of contrast material. Soft tissue and bone windows were obtained utilizing specialized software. Frontal and lateral digital scout images of the skull were first obtained.

FINDINGS: There are 9 mm thick bifrontal and 5 mm thick bilateral temporal subdural fluid collections slightly greater in density than CSF. There is no evidence of acute hemorrhage or edema. 3-5 mm low attenuation sites are seen in the subcortical white matter of the left frontal, left parietal and right frontal lobes. There are bilateral parietal skull fractures of varying ages. The ventricles are midline and nondilated. The visualized paranasal sinuses, mastoid air cells and tympanic cavities are normally aerated.

IMPRESSION: Traumatic lesions including 9 mm bifrontal and 5 mm bitemporal chronic subdural hematomas, bilateral parietal skull fractures of varying ages, and scattered chronic subcortical white matter injuries.

SB/ANH/pt

(continued)
Page 01 of 02

RADIOLOGY CONSULTATION

PATIENT IDENTIFICATION

AGE 3M	DATE OF BIRTH	SEX F	EXAMINATION(S) REQUESTED CT HEAD NO CONTRAST	DATE OF REQUEST
PROVISIONAL DIAGNOSIS, PERTINENT HISTORY, OR CLINICAL DATA HEAD TRAUMA			ATTENDING PHYSICIAN	ORDERING PHYSICIAN

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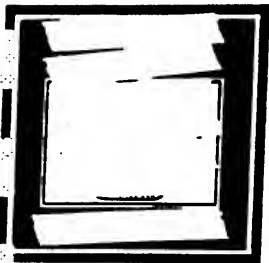
END OF REPORT
Page 02 of 02

RADIOLOGY CONSULTATION

T

PATIENT IDENTIFICATION

SURGERY
RADIOLOGY RADIOLOGY RADIOLOGY



- ☐ ANGIOGRAPHY / INTERVENTIONAL
- ☒ COMPUTED TOMOGRAPHY
- ☐ DIAGNOSTIC RADIOLOGY
- ☐ MAGNETIC RESONANCE IMAGING
- ☐ NUCLEAR RADIOLOGY
- ☐ ULTRASOUND

ER

Name: _____

Patient No.: _____

Date: _____ Time: 4:38 pm

Noncontrast Head CT

9mm thick bilateral frontal and 5mm thick bilateral temporal subdural hematomas (slightly greater density than CSF).

bilateral parietal skull fractures.

4 left and one right sided parietal 3 - 8 mm foci of low attenuation, possibly related to contusions or shear injuries.

Preserved lateral, 3rd & 4th ventricles & suprasellar & basilar cisterns,

2/11/94 24:30 pm

Full Report To Follow

PRELIMINARY REPORT

REPORT OF ELECTROENCEPHALOGRAM

EEG#:

Date: 08:30
Re:
DOB: -94
Age: 3 m/M
Medication: none

Referred by:
Handedness:
Location:
Gestation: term

REFERRAL: motor vehicle accident - rule out epilepsy.

REPORT: A 10 channel EEG was performed utilizing the Standard 10-20 System International Electrode Placement. Both an awake and sleep tracing were recorded. The basic background activity during this tracing consists of a somewhat low voltage and poorly developed background for age of 2 to 3 cps delta activity at 25 to 40 uv that sometimes reaches up into the theta range. An ECG monitor demonstrates a regular rhythm. There is no evidence of focal slowing, persistent asymmetry, or paroxysmal activity.

IMPRESSION: Normal awake and sleep EEG.

Pediatric Neurology

LT/st

NEURODIAGNOSTIC REPORT

REPORT OF ELECTROENCEPHALOGRAM

Name:

DATE OF ADMISSION:
DATE OF DISCHARGE:

BEST AVAILABLE COPY

ADMITTING PHYSICIAN:

REASON FOR ADMISSION: Status post motor vehicle accident with multiple trauma.

PATIENT PROFILE: The patient is a three-month-old infant involved in a motor vehicle accident where he was hit in the head and the face with the air bag.

PRINCIPAL DIAGNOSES:

1. Closed head trauma with small contusion of the right parietal lobe.
2. Small contusion on the right temporal lobe.
3. Old subdural hematoma.
4. Concussion.
5. Occipital fracture.

OTHER PROBLEMS:

None.

PROCEDURES:

1. Observation.

MANAGEMENT OF PROBLEMS: The patient was admitted to the Emergency Room after being transferred from Hospital. A CAT scan of the head had been obtained there which showed the findings listed above. A Neurosurgery consultation was obtained to follow up on the CAT scan findings. They felt comfortable just observing the patient since there was no mass lesion in within the brain. The C-spine had been cleared by the ~~staff~~ staff at Hospital. Our x-rays and, due to the low ^{index of suspicion}, we felt that the C-spine was also clear from our point of view. Chest and pelvic x-rays were brought from the other hospital which also showed no fractures. The patient was admitted to the Intensive Care Unit for observation. He remained stable and his neurological function improved slowly but continuously. After 24 hours of observation the patient was fed and he tolerated his feedings without any difficulty. He was transferred to the Basic Care Unit. After 48 hours of observation the patient was afebrile. Vital signs were stable. He was tolerating his regular diet without any difficulty. He had no obvious neurological deficit. The neurosurgeons were again consulted and they felt comfortable sending the patient home. It was decided to send the patient home.

DISCHARGE INSTRUCTIONS: DISPOSITION: The patient was discharged to home. DIET: Diet for age. ACTIVITIES: As tolerated. MEDICATIONS: None. FOLLOW-UP: Pediatric Neurosurgery in three to four weeks with

DISCHARGE SUMMARY

CHART COPY

24-0643C (5/93)

The parents were also instructed to bring the patient to the Emergency Room if any problems surfaced after discharge and to follow up in Clinic.

(H,

ATTENDING PHYSICIAN

DISCHARGE SUMMARY

CHART COPY

24-0643C (5/93)

A T T E N T I O N !!

MISSING INFORMATION

[X] ADMITTING PHYSICIAN:
[X] ATTENDING PHYSICIAN

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✓ BLANK: PAGE [1] PARAGRAPH [] LAST dr.'s name LAST LINE []

SOUNDS LIKE:

DISCHARGE SUMMARY

CHART COPY

24-0643C (5/93)

DATE	TIME	TRAUMA TEAM ACTIVATED <input type="checkbox"/> Yes <input type="checkbox"/> No	TRANSFERRING FACILITY/PHYSICIAN													
HISTORY <input type="checkbox"/> Industrial <input type="checkbox"/> Yes <input type="checkbox"/> No			Time of accident _____													
<p><i>12/12/00 rear-ended car can not → back of car not stuck by air bag</i></p> <p><i>→ Maneuvering: eyes open, moving 4 sec</i></p> <p><i>1/4" wheel + wheel but not attached.</i></p> <p><i>CT = 4 fractures = "Pilon" L5 S1 + "Pilon" Cervical Neck</i></p>			Speed _____													
			Helmet <input type="checkbox"/> Yes <input type="checkbox"/> No													
			Seatbelt <input type="checkbox"/> Yes <input type="checkbox"/> No													
			Ejected from vehicle <input type="checkbox"/> Yes _____ feet <input type="checkbox"/> No													
Resuscitation & Procedures in ED or Other Facility			Extent of compartment damage _____													
<table style="width:100%;"> <tr> <td style="width:50%;">IVs <input checked="" type="checkbox"/></td> <td style="width:50%;">DPL</td> </tr> <tr> <td>Cutdown</td> <td>Chest Tube(s)</td> </tr> <tr> <td>CVP</td> <td>O₂</td> </tr> <tr> <td>Intubation</td> <td>EKG</td> </tr> <tr> <td>Foley</td> <td>Other</td> </tr> <tr> <td>NGT</td> <td></td> </tr> </table>					IVs <input checked="" type="checkbox"/>	DPL	Cutdown	Chest Tube(s)	CVP	O ₂	Intubation	EKG	Foley	Other	NGT	
IVs <input checked="" type="checkbox"/>	DPL															
Cutdown	Chest Tube(s)															
CVP	O ₂															
Intubation	EKG															
Foley	Other															
NGT																
PAST MEDICAL HISTORY Specify (Allergies, medications, Previous Surgeries, Transfusion, Medical Problems)																
<p><i>all: P</i></p> <p><i>meds: P</i></p> <p><i>12/12/00 one spontaneous right lung collapse</i></p> <p style="text-align: right;"><i>12/12/00 (circled) (circled)</i></p>																
Temp	B/P	HR	RR	Trauma Score	GCS	Eye Opening	Verbal Response	Motor Response								
				11		4	(4)	(4)								
PHYSICAL EXAM																
<p><i>soft tissue swelling on right</i></p> <p><i>Head: 6 bottles / 6 containers / soft forehead</i></p> <p><i>Eyes: see above</i></p> <p><i>rs: Clear trachea</i></p> <p><i>Oropharynx: Clear</i></p> <p><i>cial: 4 facial for.</i></p> <p><i>ck: ribs, NT</i></p> <p><i>Back of Head: as above soft tissue swelling on occiput</i></p>				<p><i>Spine: nondescript</i></p> <p><i>Chest: C5-6 bilaterally → no rib fractures</i></p> <p><i>Heart: m</i></p> <p><i>Lungs: C5-6</i></p> <p style="text-align: right;"><i>→ consider trauma at 4</i></p>												

PATIENT IDENTIFICATION

TRAUMA SERVICE HISTORY & PHYSICAL

Abdomen

not RT 235

BEST AVAILABLE COPY

Back

not tender & step off

Pelvis

Stable

Upper Ext.

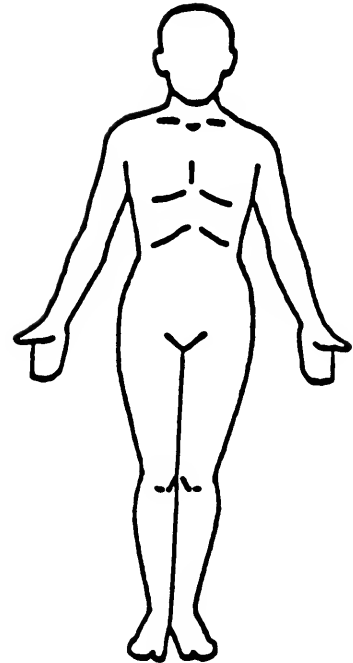
FROM No NV deficit

Lower Ext.

FROM No NV deficit

Genito-Rectal

[Handwritten mark]



LABS

Hgb _____ HCT _____

Na _____ Cl _____ BUN _____

K _____ Co2 _____ CR _____

WBC _____

Amylase _____

ETOH _____

UA

ABG

Time

FIO₂

X-RAYS

Spine -

G-G seen from plain good alignment

Spine -

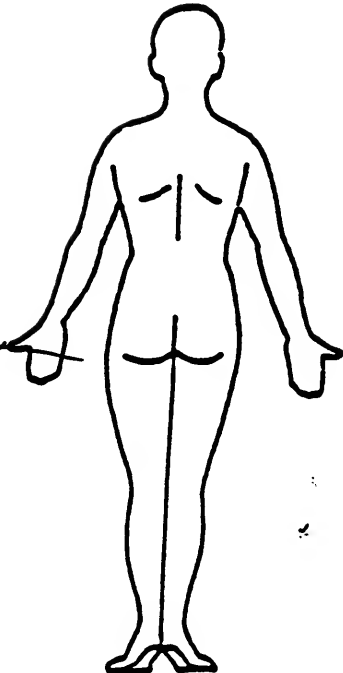
L Spine -

Chest - & pneumo & Hemothorax

Vis -

& fr.

Other -



PATIENT IDENTIFICATION

External

Ø

Head (including face)

ATTN

Neck

Cleared by the
physician
low in an inspection
- Neurology follow

Thorax

Cleared

Abdomen / Pelvic Contents

Cleared

Spine

None

Extremities / Bony Pelvis

None

Non-Trauma / Complications

None

Plan

Neurology consult

Admit

Flu CBC

Obtain repeat CSF. Also - Neurology follow
weekly

Resident

Atte

M.D.

PATIENT IDENTIFICATION

TRAUMA SERVICE HISTORY & PHYSICAL
Continued

Page 5

No 28-0439 18-5

DATE OF CONSULTATION:

REFERRING PHYSICIAN:

CONSULTING PHYSICIAN:

REASON FOR CONSULTATION: Reported subdural hematomas with skull fractures in a two-month-old.

PATIENT IDENTIFICATION: This is a nearly three-month-old white female with no significant past medical or past surgical history who was restrained in a car seat which was struck from behind by the air bag after the car collided head on with another care. She suffered a loss of consciousness and was reported to have a head computed tomography scan with subdural hematomas, contusions and skull fractures. The patient was transferred to _____ from Hospital.

HISTORY OF PRESENT ILLNESS: The patient was in the car at around 1:00 p.m. She was secured in a car seat facing away from the windshield in front of a dash which had an air bag. The car was going at 15 miles per hour on a dirt road when it was struck head-on by another car going 35 miles per hour. The air bag opened and apparently crushed the back of the car seat. The mother received minor injuries with a broken arm. She noticed the child to be "not responsive" for about 15 minutes. Specifically, her eyes were open. She was moving all four extremities. She then seemed fine but not as fully attentive per the mother. She was taken to the _____ Hospital. They did a computed tomography scan which was read to the service as "having four fractures" and "subdural hematomas". She was taken by Pediatrics Transport to _____. The patient arrived alert and oriented, fully responsive and was taken to the Pediatric Intensive Care Unit.

PHYSICAL EXAMINATION: NEUROLOGICAL EXAMINATION: MENTAL STATUS: Per a Pediatric Glasgow Coma Scale, the eyes were 4, the verbal was 4, and the child cries but is consolable. The motor is 4, and the child moves all extremities. So while this total is a 12, it should be reminded that is a test on an infant. The infant otherwise behaves as a normal three-month-old. She moves all four extremities. Tense to the examiner. Cries when the painful area of her occiput is palpated but is consolable readily by her mother. CRANIAL NERVES: Cranial nerves II through XII are serially observed and were found to be grossly intact. MOTOR EXAMINATION: There is good strength in all extremities. Reflexes are physiologic with Babinski absent on the right, equivocal on the left. SENSORY EXAMINATION: Sensory appears to be grossly intact. GENERAL EXAMINATION/HEAD: There is soft tissue swelling all across the occiput which is tender to the child. There do not seem to be any other contusions in the head area. The tympanic membranes are clear. The fontanelle is soft. NECK/SPINE: The neck appears to be nontender along with the spine. LUNGS: Clear to auscultation bilaterally. ABDOMEN: Soft and appears to be nontender. Positive

CONSULTATION REPORT

CHART COPY

24-0643B (5/93)

bowel sounds. EXTREMITIES: There appears to be no obvious trauma to the extremities.

COMPUTED TOMOGRAPHY:

1. There is a fracture in the bone windows of both the right and the left occiput with overlying soft tissue swelling.
2. There is a very small, less than 5 cm in width and maybe 1 cm in length and lasts for only one slice increased density in a gyri high in the right parietal lobe but has no surrounding decreased density. This is suggestive of a small contusion but without any surrounding edema.
3. There is a very questionable rim of increased density on the right temporal lobe. This could be consistent with a cortical contusion.
4. There is, however, no shift. The cisterns are open. The gyri are open, and the gray-white junction is preserved.
5. There are subdural fluid collections with no mass effect. On this computed tomography scan, isodensity of cerebrospinal fluid, gyri. At present it appears that this might be just either a minor or a small leak or some cerebrospinal fluid which has maybe been colored with some blood. It is hard to tell. It certainly does not appear to an acute subdural hematoma, and it certainly does not appear to correlate with the physical examination to offer any clinical significance at this time.
6. Finally, there is a cavum septum pellucidum which has no significance at this point.

IMPRESSION:

This is a child who has suffered a concussion with contusions who now appears to be neurologically intact. We feel that the computed tomography scan does not demonstrate a mass lesions requiring neurosurgical attention.

RECOMMENDATIONS:

1. Complete cervical spine films. There is a low index of suspicion for cervical spine injury.
2. Skull films. We would like to have completion of skull films to delineate the extent of fractures in the occiput.
3. We would agree with conservative care at this time, and we thank the Trauma Service for admitting the patient, for their work, and to the Pediatric Intensive Care Unit Team for their immediate work in the Emergency Room and in subsequent admission. *pt. seen + exam*

CONSULTING PHYSICIAN

CC:
CC:
CC:

CONSULTATION REPORT

CHART COPY

24-0643B (5/93)

68

DILATED

REQUESTED BY ATTENDING PHYSICIAN

CONSULTING SERVICE

ASON FOR REQUEST:

SDH / skull fx

DATE

TIME

8:00 PM

LO 13m/o WY involved in MVA @ Δ LOC
and very small (P) pointed contour ? (A) Temporal tip

antennae.

1/ we dilated

6/ strong rel (we dilated and H7D)

CN IV - EHV

BCS - EY

4/4 (infant scale)
M4 (infant scale)

→ Cereb could be

1/ ① Fx of (A) occipital bone and (B) occipital bone
overlying soft tissue swelling

② small LO-Sun & 1 cm on one side & (A) high pointed (B) density
summed

③ 3 density (A) Temporal (B) (C) Shift (D) Cistern / gyri / sulci

④ Skull base collection @ unmeasured
~ CSF

mem

⑤ No up compression and contour like is now intact

BC spine films

⑥ Skull films

⑦ Concentration and

pt. seen & [signature]

M.D.

M.D.

BY FACE PRINT NAME (RESIDENT)

BY FACE PRINT NAME (CONSULTING PHYSICIAN)

RESIDENT'S SIGNATURE

CONSULTING PHYSICIAN'S SIGNATURE

CONSULTATION REPORT